Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
Northern District of: Illinois (State)		
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	Chapter 11 Chapter 12 Chapter 13	

#### Official Form 101

#### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yoursel	f	
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name	Elizabeth	
	First name	First name
Write the name that is on your government-issued	E	
picture identification (for	Middle name	Middle name
example, your driver's	Freeman	
license or passport	Last name	Last name
Bring your picture identification to your meeting with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2. All other names you		
have used in the	First name	First name
last 8 years		
Include your married or	Middle name	Middle name
maiden names.	Last name	Last name
	First name	First name
	Middle name	Middle name
	Last name	Last name
3. Only the last 4 digits of your	XXX - XX- 1734	xxx - xx-
digits of your Social Security number or federal	OR	OR
Individual Taxpayer Identification number (ITIN)	9 xx - xx-	9 xx - xx-

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De	ebtor 1 Elizabeth	E	Freeman	Case number (if ki	nown)	
	First Name	Middle Name	Last Name			
		About Debtor 1:		About Deb	tor 2 (Spouse Only	in a Joint Case):
4.	Any business names and Employer Identification	✓ I have not used any busines	s names or EINs.	I have no	ot used any business nam	es or EINs.
Numbers (EIN) you have used in the		Business name		Business na	ame	
	last 8 years	Business name		Business na	ame	
	Include trade names and doing business as names	EIN		EIN	_	•
		EIN		EIN		
5.	Where you live			If Debtor 2 I	ives at a different addr	ess:
		7501 S Chappel Ave Apt: 1S Number Street		Number	Street	
		Chicago Illinois	60649			
		City State Cook	Zip Code	City	State	Zip Code
		County		County		
		•		County		
		If your mailing address is differ fill it in here. Note that the court within mailing address.			mailing address is diffe that the court will send ar	
		Number Street		Number	Street	
		011	7: 0.1			
		City State	Zip Code	City	State	Zip Code
6.	Why you are choosing this	Check one:		Check one:		
	district to file for bankruptcy	Over the last 180 days before lived in this district longer the			e last 180 days before filing his district longer than in	
		I have another reason. Expla	ain. (See 28 U.S.C. §§ 1408.)	I have ar	nother reason. Explain. (S	ee 28 U.S.C. §§ 1408.)
		-				
				-		

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Debtor 1	Elizabeth	E Middle Nieses			Case number (if know	<u>(n)</u>	
Part 2:	First Name  Tell the Court Abo	Middle Name out Your Bankrui		Name			
7. The Bank	chapter of the kruptcy Code are choosing to inder	Check one. (For a br	ief description of eac	ch, see <i>Notice Required</i> I I check the appropriate bo	-	(b) for Individuals Filing for Bankruptcy (Form	
8. How the f	you will pay ee	<ul> <li>✓ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.</li> <li>☐ I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A).</li> <li>☐ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.</li> </ul>					
bank	you filed for ruptcy within ast 8 years?	No.  Yes. District  District  District		When When When	MM / DD / YYYY  MM / DD / YYYY  MM / DD / YYYY	Case number  Case number  Case number	
case bein spou filing you, busi	any bankruptcy s pending or g filed by a use who is not this case with or by a ness partner, or n affiliate?	✓ No.  Yes. Debtor  District  Debtor  District  District		<u>W</u> hen	MM / DD / YYYY	Relationship to you  Case number, if known  Relationship to you  Case number, if known	
_	ou rent your lence?	✓ No.	andlord obtained an	ent About an Eviction Jud		nt to stay in your residence? (Form 101A) and file it with	

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	Elizabeth		E Mida	do Nomo	Freeman	Case number	(if known)		
		. D							
Part 3: R  12. Are you propr full- o busined A sole is a busined operate individual or control or c	ou a sole ietor of any r part-time	/ Bus	inesse No.	es You Own as a see Go to Part 4.  Name and location of Name of business, if a Number	business	or			
If you than o propries separa attach	entity such as a corporation, partnership, or LLC.  If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.			Health Care Booking Single Asset R Stockbroker (as	ity State Zip Code  heck the appropriate box to describe your business:  Health Care Business (as defined in 11 U.S.C. § 101(27A))  Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  Stockbroker (as defined in 11 U.S.C. § 101(53A))  Commodity Broker (as defined in 11 U.S.C. § 101(6))  None of the above				
Chapt Bankr and a busin	ter 11 of the ruptcy Code re you a small ess debtor?	deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 1 U.S.C. § 11 16(1)(B).						of	
small I debtor	For a definition of small business debtor, see 11 U.S.C. § 101(51D).		No. No. Yes.	Bankruptcy Code.	oter 11, but I am N	OT a small business deb			Code.
Part 4: R	eport if You Ow	n or ŀ	lave A	Any Hazardous Pr	operty or Any	y Property That Ne	eds Immediat	te Attention	
14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard				What is the hazard?  If immediate attention is	needed, why is it i	needed?			
safety	diate		,	Where is the property?	Number	Street			
own po or live be fed	ample, do you erishable goods, stock that must l, or a building eeds urgent s?				City	Sta	ate	Zip Code	

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Debtor 1 Elizabeth Freeman Case number (if known)

#### First Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I filed counseling agency within the 180 days before I filed about credit this bankruptcy petition, and I received a certificate of this bankruptcy petition, and I received a certificate of counseling. completion. completion. Attach a copy of the certificate and the payment plan, if any, Attach a copy of the certificate and the payment plan, if any, The law requires that that you developed with the agency. that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed counseling agency within the 180 days before I filed counseling before this bankruptcy petition, but I do not have a this bankruptcy petition, but I do not have a you file for certificate of completion. certificate of completion. bankruptcy. You must truthfully check Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment one of the following plan, if any. plan, if any. choices. If you cannot do so, you are I certify that I asked for credit counseling services I certify that I asked for credit counseling services not eligible to file. from an approved agency, but was unable to obtain from an approved agency, but was unable to obtain those services during the 7 days after I made my those services during the 7 days after I made my If you file anyway, request, and exigent circumstances merit a 30-day request, and exigent circumstances merit a 30-day temporary waiver of the requirement. temporary waiver of the requirement. the court can dismiss your case, you will To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the requirement, lose whatever filing attach a separate sheet explaining what efforts you made to attach a separate sheet explaining what efforts you made to fee you paid, and obtain the briefing, why you were unable to obtain it before obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances you filed for bankruptcy, and what exigent circumstances your creditors can required you to file this case. required you to file this case. begin collection activities again. Your case may be dismissed if the court is dissatisfied with Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for your reasons for not receiving a briefing before you filed for bankruptcy. bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, the payment plan you developed, if any. If you do not do so, your case may be dismissed. your case may be dismissed. Any extension of the 30-day deadline is granted only for Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me incapable of deficiency that makes me incapable of realizing or making rational decisions realizing or making rational decisions about finances. Disability. My physical disability causes me to be Disability. My physical disability causes me to be unable to participate in a briefing in unable to participate in a briefing in

a military combat zone.

to do so.

person, by phone, or through the

internet, even after I reasonably tried

I am currently on active military duty in

Active duty.

person, by phone, or through the

a military combat zone.

to do so.

If you believe you are not required to receive a briefing

about credit counseling, you must file a motion for waiver of

Active duty.

credit counseling with the court.

internet, even after I reasonably tried

I am currently on active military duty in

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Debtor 1 Elizabeth	E Middle Name	Freeman Case number (if kno	wn)			
Part 6: Answer These Qu	uestions for Reporting Purpo					
16. What kind of debts do you have?	<ul> <li>16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  No. Go to line 16b.  Yes. Go to line 17.</li> <li>16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  No. Go to line 16c.  Yes. Go to line 17.</li> <li>16c. State the type of debts you owe that are not consumer debts or business debts.</li> </ul>					
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	paid that funds will be avail  No.  Yes.	er 7. Go to line 18.  Do you estimate that after any exempt property lable to distribute to unsecured creditors?	is excluded and administrative expenses are			
18. How many creditors do you estimate that you owe?	✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999	☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 10,001-25,000	25,001-50,000 50,001-100,000 More than 100,000			
19. How much do you estimate your assets to be worth?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion  More than \$50 billion			
20. How much do you estimate your liabilities to be?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion			
Part 7: Sign Below						
For you	and correct.  If I have chosen to file under 11,12, or 13 of title 11, United choose to proceed under Chall fino attorney represents me ame fill out this document, I hall request relief in accordance I understand making a false sconnection with a bankruptcy years, or both. 18 U.S.C. §§ 1  /s/ Elizabeth Freeman Signature of Debtor 1  Executed on9/29/2016	Chapter 7, I am aware that I may pro I States Code. I understand the relief apter 7.  and I did not pay or agree to pay some ave obtained and read the notice requivers the chapter of title 11, United Statement, concealing property, or obtained case can result in fines up to \$250,00152, 1341, 1519, and 3571.	eone who is not an attorney to help ired by 11 U.S.C. § 342(b). ates Code, specified in this petition. aining money or property by fraud in 00, or imprisonment for up to 20			

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Debtor 1 Elizabeth	E	Freeman	Case number (ii	f known)
First Name	Middle Name	Last Name		
For your attorney, if you are represented by one  If you are not represented by an attorney, you do not	eligibility to proceed up the relief available und to the debtor(s) the no	nder Chapter 7, 11, 12 der each chapter for v tice required by 11 U.	2, or 13 of title 11, Ur which the person is e S.C. § 342(b) and, in	nat I have informed the debtor(s) about nited States Code, and have explained ligible. I also certify that I have delivered a case in which § 707(b)(4)(D) applies, ation in the schedules filed with the
need to file this page.	/s/ Elizabeth Place Signature of Attorney		Date	9/29/2016 MM / DD / YYYY
	Elizabeth Placek Printed name			
	Semrad Law Firm			
	Firm name 20 S. Clark Street			
	Street 28th Floor			
	Chicago		Illinois	60603
	City		State	Zip Code
	Contact phone	3124477838	Email address	eplacek@semradlaw.com
	<u></u>		Illino	is
	Bar number		State	

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Fill in this information to identify your case:						
Debtor 1	Elizabeth	Е	Freeman			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		Northern	District of Illinois(State)			
Case number (If known)			(State)			

Check if this is ar
amended filing

12/15

#### Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets	
	<b>Your assets</b> Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$0.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$853.00
1c. Copy line 63, Total of all property on Schedule A/B	\$853.00
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
<ol> <li>Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)</li> <li>Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D</li> </ol>	\$11,183.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$370.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$44,074.00
Your total liabilities	\$55,627.00
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I	<u>\$1,387.51</u>
Schedule J: Your Expenses (Official Form 106J)  Copy your monthly expenses from line 22, Column A, of Schedule J	\$1,600.00

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Deb	tor 1 Elizabeth	Е	Freeman	Case number (if known)							
	First Name	Middle Name	Last Name								
Part	4: Answer These	Questions for Administr	rative and Statistical Rec	cords							
6. <b>A</b> ı	6. Are you filing for bankruptcy under Chapters 7, 11, or 13?										
	No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.										
·	✓ Yes.										
7. <b>W</b>	hat kind of debt do y	ou have?									
E		-	mer debts are those incurred by a out lines 8-10 for statistical purpo	an individual primarily for a personal, oses. 28 U.S.C. § 159.							
		primarily consumer debts. Yo with your other schedules.	u have nothing to report on this pa	art of the form. Check this box and submit							
		of Your Current Monthly Incon R, Form 122B Line 11; OR, Form	ne: Copy your total current month	nly income from Official	\$239.32						
9.	Copy the following s	pecial categories of claims fro	m Part 4, line 6 of Schedule E/	F:							
	From Part 4 on Sche	dule E/F, copy the following:		Total claim							
	9a. Domestic support of	obligations (Copy line 6a.)		\$0.00							
	9b. Taxes and certain o	ther debts you owe the governme	ent. (Copy line 6b.)	\$370.00							
	9c. Claims for death or	personal injury while you were in	toxicated. (Copy line 6c.)	\$0.00							
	9d. Student loans. (Cop	by line 6f.)		\$27,862.00							
	9e. Obligations arising priority claims. (Copy I	Obligations arising out of a separation agreement or divorce that you did not report as  \$0.00									
	. , , , , ,	profit-sharing plans, and other s	imilar debts. (Copy line 6h.)	\$0.00	_						
	On Total Add lines Os	a through Of		\$28,222,00							

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Fill in this	information t	to identify your cas	e:					
Debtor 1	Eliza	beth	Е		Freeman			
	First	Name	Middle N	Name	Last Name			
Debtor 2 (Spouse,	if filing) First	Name	Middle N	Name	Last Name			
United St	ates Bankrup	tcy Court for the:	Northern		District of Illinois			
Case nur					(State)			
, ,								Check if this is an
Officia	al Form	106A/B						amended filing
Sche	dule A	/B: Prope	erty					12/1
category v responsik write your	where you the ole for supply name and o	hink it fits best. B lying correct info case number (if k	e as complete an rmation. If more s nown). Answer ev	d accur space is very que	et only once. If an asset fits in more thate as possible. If two married people is needed, attach a separate sheet to the stion.  or Other Real Estate You Own	are filir nis form	ng together, both are on. On the top of any a	equally dditional pages,
			•		sidence, building, land, or similar prop			
<b>⊘</b>	No. Go to F		,		and the second s	<b>-,</b> •		
	Yes. Where	is the property?						
1.1	Street addr	ess, if available, or	other description	Sin Du	is the property? Check all that apply.  Ingle-family home  Inplex or multi-unit building  Indominium or cooperative  Indicatured or mobile home	th C	ne amount of any secure	laims or exemptions. Put ad claims on Schedule D: hims Secured by Property. Current value of the portion you own?
				La	nd	_		
	Number	Street	Zin Codo		/estment property meshare her	ir	Describe the nature of nterest (such as fee si ne entireties, or a life	mple, tenancy by
	City	State	Zip Code	Who I one.	has an interest in the property? Check ebtor 1 only ebtor 2 only ebtor 1 and Debtor 2 only least one of the debtors and another	, E	Check if this is con (see instructions)	mmunity property
				Other	information you wish to add about th	is item	, such as local	
lf v co	our or bour	mara than ana liat	h ara.	prope	rty identification number:			
1.2		more than one, list		Sin Du	is the property? Check all that apply.  Ingle-family home  Uplex or multi-unit building  Indominium or cooperative  Inglex or mobile home	th C	ne amount of any secure	laims or exemptions. Put ed claims on Schedule D: hims Secured by Property.  Current value of the portion you own?
	Number	Street			nd vestment property		escribe the nature of	
		_		ĦI	meshare	ir tl	nterest (such as fee sine entireties, or a life	mple, tenancy by estate), if known.
	City	State	Zip Code	Who I one.  De De De At	herhas an interest in the property? Check ebtor 1 only ebtor 2 only least one of the debtors and another information you wish to add about the		Check if this is con (see instructions)	
					information you wish to add about th rty identification number:	is item	, sucii as iuudi	

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Debtor 1	Elizabeth First Name	E Middle Name	Freeman Case numb	er (if known)	
1.3Stree	eet address, if available, or other	V	What is the property? Check all that apply.  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home	Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property?	· ·
Nur City	nber Street  State	Zip Code [	Land Investment property Timeshare Other  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Describe the nature of interest (such as fee si the entireties, or a life  Check if this is compared (see instructions)	mple, tenancy by estate), if known.
		p on you own for a	At least one of the debtors and another  Other information you wish to add about this iter property identification number:  all of your entries from Part 1, including any entries	ies for pages	
Do you ov you own th	at someone else drives. If you leans, trucks, tractors, sport utility	uitable interest in ease a vehicle, als	n any vehicles, whether they are registered or no so report it on Schedule G: Executory Contracts and U ycles		
Ye 3.1			Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	the amount of any secure	laims or exemptions. Put ed claims on Schedule D: aims Secured by Property.  Current value of the portion you own?
3.2	Make Model: Year: Approximate mileage: Other information:		Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	the amount of any secure	laims or exemptions. Put ed claims on Schedule D: nims Secured by Property.  Current value of the portion you own?

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Debtor 1	Elizabeth First Name	E Middle Name	Freeman Last Name	Case number	(if known)	
3.3	Make Model: Year: Approximate mileage: Other information:		Who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communinstructions)	y and another	the amount of any secure	laims or exemptions. Put ed claims on Schedule D: nims Secured by Property.  Current value of the portion you own?
3.4	Make Model: Year: Approximate mileage: Other information:		Who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communinstructions)	y and another	the amount of any secure	laims or exemptions. Put ed claims on Schedule D: nims Secured by Property.  Current value of the portion you own?
Exa	mples: Boats, trailers, motors No Yes Make Model:	•	recreational vehicles, other vishing vessels, snowmobiles, n  Who has an interest in the one.	notorcycle accessorie	Do not deduct secured of the amount of any secure	laims or exemptions. Put
	Year: Approximate mileage: Other information:		Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communinstructions)	and another	Current value of the entire property?	Current value of the portion you own?
4.2	Make Model: Year: Approximate mileage: Other information:		Who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only		the amount of any secure	laims or exemptions. Put ed claims on Schedule D: aims Secured by Property.  Current value of the portion you own?
	_		At least one of the debtors Check if this is commur instructions) of your entries from Part 2, in	nity property (see		

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De	ebtor 1	Elizabeth	E		eeman	Case number (if known)	
Do	w 2.	First Name	Middle Name Our Personal and Hou		st Name		
			ive any legal or equita		any of the followin	ng items?	Current value of the portion you own?  Do not deduct secured claims or exemptions.
			and furnishings liances, furniture, linens, china	a, kitchenware			
<b>✓</b>	Yes. D	Describe	Used Furniture				\$100.00
	. Electi Exampl No		s and radios; audio, video, ste	reo, and digital equip	ment; computers, printers	s, scanners; music	
<b>✓</b>	Yes. D	escribe	(1)Cellphone				\$150.00
	Examp No	stamp, co	ue and figurines; paintings, prints in, or baseball card collections			objects;	
	. Equip	les: Sports, ph	orts and hobbies otographic, exercise, and others; carpentry tools; musical inst		bicycles, pool tables, golf	clubs, skis; canoes	
✓	No						
	Yes. D	escribe					
	No		es, shotguns, ammunition, an	d related equipment			
			clothes, furs, leather coats, de	signer wear, shoes, a	accessories		
Ц	No Voc F	escribe	Lland Clathan				
1	<b>2. Jewe</b> Exampl	elry	Used Clothes ewelry, costume jewelry, engagr	gement rings, weddir	ng rings, heirloom jewelry	, watches, gems,	\$500.00
	No Vac T	Describe	Llood lowelny				 
1	3. Non	-farm animals	Used Jewelry s s, birds, horses				\$100.00
✓	No						
	Yes. D	escribe					
	<b>4. Any</b> No	other person	al and household items yo	u did not already lis	st, including any health	aids you did not list	
П	Yes. D	Describe					
			lue of all of your entries fro	_			\$850.00

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Der	DIOI I EIIZADEIII		Freeman	Case number (ii known)	
Par	First Name	Middle Name  r Financial Assets	Last Name		
		any legal or equitable int	terest in any of the follo	wing?	Current value of the portion you own?  Do not deduct secured claims or exemptions.
	Cash				
		ave in your wallet, in your home, in a	safe deposit box, and on hand wh	nen you file your petition	
17	<del></del>			Cash:	
17.	Examples: Checking, s and other similar in	savings, or other financial accounts nstitutions. If you have multiple acc			
	∐ No		Institution name:		
	✓ Yes				
		17.1. Checking account:	Chase Liquid Card		\$3.00
		17.2. Checking account:			
		17.3. Savings account:			
		17.4. Savings account:	·		-
		17.5. Certificates of deposit:			-
		17.6. Other financial account:			<u>.                                    </u>
		17.7. Other financial account:	_		-
		17.8. Other financial account:	_		-
		17.9. Other financial account:	_		-
18.		s, or publicly traded stocks			-
		, investment accounts with brokerag	ge firms, money market accounts		
	✓ No  Yes	Institution or issuer name:			
	103				
					-
19.			ated and unincorporated busi	nesses, including an interest in	-
	an LLC, partnership  ✓ No	, and joint venture			
	✓ No  Yes. Give specific	Name of entity		% of ownership:	
	information about				
	them			_	
				_	

Official Form 106A/B Schedule A/B: Property page 5

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Deb	tor 1	Elizabeth	E	Freeman	Case number (if known)	
		First Name	Middle Name	Last Name		
20.	Neg	otiable instruments ir i-negotiable instrume No	orate bonds and other negotian clude personal checks, cashiers' nts are those you cannot transfer to	checks, promissory notes, and m	oney orders.	
		Yes. Give specific information about them	Issuer name:			
21.	Exa	irement or pension mples: Interests in IR	accounts A, ERISA, Keogh, 401(k), 403(b)	, thrift savings accounts, or other	pension or profit-sharing plans	
		No	Type of account:	Institution name:		
	Ш	Yes. List each account	401(k) or similar plan:			
		separately.	Pension plan:			
			IRA:			
			Retirement account:			
			Keogh:			
			Additional account:			
			Additional account:			
22.	You Exa com		orepayments deposits you have made so that you vith landlords, prepaid rent, public	utilities (electric, gas, water), tele		
		No		Institution name:		
	Ц	Yes	Electric:			
			Gas:	-		
			Heating oil:			
			Security deposit on rental unit:			
			Prepaid rent:			
			Telephone:			
			Water:			
			Rented furniture:			
			Other:			
23.		•	a periodic payment of money to y	ou, either for life or for a number of	of years)	
		No Yes	Issuer name and description:			

Official Form 106A/B Schedule A/B: Property page 6

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Debt	or 1 Elizabeth First Name	E Middle		eeman st Name	Case number (if known)	
24.	Interests in a		ount in a qualified AB		a qualified state tuition program	
	✓ No	550(b)(1), 529A(b), and 529(	D)(1).			
	Yes	Institution name and descrip	tion. Separately file the r	ecords of any interests.11	U.S.C. § 521(c):	
25.		able or future interests in por pryour benefit	property (other than ai	nytning listed in line 1),	and rights or powers	
	✓ No  Yes. Desc	eribe				7
26.		rrights, trademarks, trade s met domain names, website			nts	
	, ✓ No		,	0 0		
	Yes. Desc	cribe				
27.	Licenses, fra	nchises, and other general	l intangibles			
	_	ding permits, exclusive licen	ses, cooperative associ	ation holdings, liquor licer	nses, professional licenses	
	✓ No  Yes. Desc	eribe				
Mor	ney or prope	erty owed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
	Tax refunds o					portion you own? Do not deduct secured
	Tax refunds on  ✓ No  — Yes. Give s	wed to you specific information			Federal:	portion you own? Do not deduct secured
	Tax refunds on  No Yes. Give s abour you a	wed to you specific information t them, including whether liready filed the returns			Federal: State:	portion you own?  Do not deduct secured claims or exemptions.
28.	Tax refunds on  No Yes. Give s about you a and th	specific information t them, including whether liready filed the returns the tax years				portion you own?  Do not deduct secured claims or exemptions.  \$0.00
28.	Tax refunds on  No Yes. Give s about you a and ti	wed to you specific information t them, including whether llready filed the returns the tax years	ousal support, child supp	port, maintenance, divorce	State:	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00
28.	Tax refunds on  ✓ No  Yes. Give s about you a and th  Family suppor Examples: Past	wed to you  specific information t them, including whether liready filed the returns he tax years  rt due or lump sum alimony, sp	oousal support, child supp	port, maintenance, divorce	State: Local: e settlement, property settlement	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00
28.	Tax refunds on  ✓ No  Yes. Give s about you a and th  Family suppor Examples: Past	wed to you specific information t them, including whether llready filed the returns the tax years	oousal support, child supp	port, maintenance, divorce	State: Local:	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  \$0.00
28.	Tax refunds on  ✓ No  Yes. Give s about you a and th  Family suppor Examples: Past	wed to you  specific information t them, including whether liready filed the returns he tax years  rt due or lump sum alimony, sp	ousal support, child supp	port, maintenance, divorce	State: Local: e settlement, property settlement Alimony:	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00
28.	Tax refunds on  ✓ No  Yes. Give s about you a and th  Family suppor Examples: Past	wed to you  specific information t them, including whether liready filed the returns he tax years  rt due or lump sum alimony, sp	ousal support, child supp	port, maintenance, divorce	State: Local: e settlement, property settlement  Alimony: Maintenance:	\$0.00 \$0.00 \$0.00 \$0.00
28.	Tax refunds on  ✓ No  Yes. Give s about you a and th  Family suppor Examples: Past	wed to you  specific information t them, including whether liready filed the returns he tax years  rt due or lump sum alimony, sp	ousal support, child supp	port, maintenance, divorce	State: Local: e settlement, property settlement  Alimony: Maintenance: Support:	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
28.	Tax refunds on  ✓ No  ☐ Yes. Give s about you a and th  Family suppor Examples: Past ✓ No ☐ Yes. Give s  Other amount: Examples: Unpa	specific information t them, including whether ilready filed the returns he tax years  rt due or lump sum alimony, sp specific information	be payments, disability be	enefits, sick pay, vacation p	State: Local:  e settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement:	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
28.	Tax refunds on  ✓ No  ☐ Yes. Give s about you a and th  Family suppor Examples: Past ✓ No ☐ Yes. Give s  Other amount: Examples: Unpa	specific information t them, including whether ilready filed the returns he tax years  rt due or lump sum alimony, sp specific information	be payments, disability be	enefits, sick pay, vacation p	State: Local:  e settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement:	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
28.	Tax refunds on  ✓ No  Yes. Give s about you a and the support Examples: Past ✓ No  Yes. Give s  Other amounts Examples: Unpusors	specific information t them, including whether ilready filed the returns he tax years  t due or lump sum alimony, sp specific information	be payments, disability be	enefits, sick pay, vacation p	State: Local:  e settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement:	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

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Deb	tor 1	Elizabeth	E	Freeman	Case number (if known)	
		First Name	Middle Name	Last Name		
31.		rests in insurance policion mples: Health, disability, or		n savings account (HSA); credit, hom	neowner's, or renter's insurance	
		No Yes. Name the insurance of of each policy and list its ve	company	Company name:	Beneficiary:	Surrender or refund value:
32.	If yo	interest in property that u are the beneficiary of a li perty because someone has No	ving trust, expect pro	omeone who has died ceeds from a life insurance policy, or a	are currently entitled to receive	_
		Yes. Describe				
33.				u have filed a lawsuit or made a dence claims, or rights to sue	mand for payment	
	<b>✓</b>	No Yes. Describe				
34.	to s	er contingent and unliquet off claims	— uidated claims of e	very nature, including counterclai	ims of the debtor and rights	
		No Yes. Describe				
35.	Any	financial assets you did	not already list			
		No Yes. Describe				
36.			-	Part 4, including any entries for pa		\$3.00
Part		-			Interest In. List any real estat	e in Part 1.
37.	Do	you own or have any leg	al or equitable inter	est in any business-related proper	ty?	
		No. Go to Part 6. Yes. Go to line 38.				Current value of the portion you own? Do not deduct secured claims or exemptions
38.	_	ounts receivable or com	missions you alread	dy earned		
		Yes. Describe				
39.	Exa	<b>ce equipment, furnishin</b> mples: Business-related co		nodems, printers, copiers, fax machin	es, rugs, telephones, desks, chairs, elect	tronic devices
		No Yes. Describe				
	_					

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Deb	tor 1	Elizabeth	E	Freeman	Case number (if known)	_
40.	Mar	First Name Chinery, fixtures, eq	Middle Name uuipment, supplies vou u	Last Name use in business, and tools of y	our trade	
10.		No	јагритоти, саррито уса с			
	Ħ	Yes. Describe				
41.	Inve	entory				
		No				
	Ħ	Yes. Describe				1
42.	Inte	rests in partnersh	ips or joint ventures			
	<b>✓</b>	No		Name of a office	0/ -f	
		Yes. Give specific		Name of entity:	% of ownership:	
		information about them			· · · · · · · · · · · · · · · · · · ·	
	_					
43. (			lists, or other compilati	ons		
		No Vos. Do your lists in	oludo porcopally identifiab	le information (as defined in 11 U	S C & 101(/11\)2	
	ш		icidde personally identiliab	ie illioimation (as delined in 11 o	.5.5. § 101(41A)):	
		☐ No	uile a			
		Yes. Descr	ribe			
44.	Any	business-related p	property you did not alre	ady list		
		No				
	Ш	Yes. Give specific information				
45. A	dd th	ne dollar value of a	II of your entries from Pa	art 5, including any entries for	pages you have attached	
for P	art 5.	. Write that number	r here		<b>&gt;</b>	
Part	6:	<b>Describe Any F</b> If you own or have ar	Farm- and Commeron interest in farmland, list it	cial Fishing-Related Prop in Part 1.	erty You Own or Have an Interest	In.
46.	Do	you own or have a	ny legal or equitable into	erest in any farm- or commerc	al fishing-related property?	
	$\overline{\mathbf{A}}$	No. Go to Part 7.				Current value of the portion you own?
	Ш	Yes. Go to line 47.				Do not deduct secured claims
						or exemptions
47.		m animals	ultry, farm-raised fish			
			any, iaiminaiseu lisii			
	넴	No Yes. Describe				

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Debto	or 1	Elizabeth	E Middle Norse	Freeman	Case number (if known)	
10	Cro	First Name  ps-either growing	Middle Name	Last Name		
48.			or narvested			
	널	No				
	Ц	Yes. Describe				
	-	'			'	
49.	Far	m and fishing equi	pment, implements, machinery, fixt	ures, and tools of tra	ade	
	<b>✓</b>	No				
		Yes. Describe				
50.	Far	m and fishing supi	olies, chemicals, and feed			
00.	_	No	,,			
	넴	Yes. Describe				
	Ш	res. Describe				
	-					
51.	Any	/ farm- and comme	rcial fishing-related property you di	d not already list		
	<b>✓</b>	No				
		Yes. Describe				
	_					
- A			II afaasaa aadalaa faana Banko baabada	·		
			II of your entries from Part 6, includ			
Part 7	7.	Describe All Pr	operty You Own or Have an I	nterest in That Yo	ou Did Not List Above	
			perty of any kind you did not alread			
	Exa	mples: Season ticket	s, country club membership			
	✓	No				
		Yes. Give specific				
		information				
54. Ad	ld th	ne dollar value of a	II of your entries from Part 7. Write t	hat number here	·····	
Part 8	3:	List the Totals	of Each Part of this Form			
			" 0			
55. <b>P</b> a	art 1	1: Total real estate,	line 2		▶	
56. <b>p</b> a	art 2	2 total vehicles, line	e 5			
_			d household items, line 15	\$850.00		
58 <b>P</b> a	art 4	: Total financial as	sets, line 36	·		
				\$3.00		
59. <b>P</b> a	art 5	5: Total business-r	elated property, line 45			
60. <b>P</b> a	art 6	6: Total farm- and f	ishing-related property, line 52			
61. <b>P</b> a	art 7	7: Total other prop	erty not listed, line 54			
62. <b>T</b> 4	otal	personal property	Add lines 56 through 61	Фоло оо		. #050.00
J. 1	Jui	paragram property.		\$853.00	Copy personal property total ▶	+ \$853.00
				1		_
62 <b>T</b> ~	tel.	of all property on S	Schedule A/B. Add line 55 + line 62			\$853.00
00.10	ıaı (	or an property on s	701 164416 770. AUG 111 16 33 7 111 16 82			1

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Fill in this information to identify your case:					
Debtor 1	Elizabeth First Name	E Middle Name	Freeman Last Name		
Debtor 2 (Spouse, if filing	7) First Name	Middle Name	Last Name		
United States B	ankruptcy Court for the:	Northern	District of Illinois(State)		
Case number (If known)			(State)		

#### Official Form 106C

#### Check if this is an amended filing

#### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Par	Part 1: Identify the Property You Claim as Exempt						
1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.  ✓ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  ✓ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)  For any property you list on Schedule A/B that you claim as exempt, fill in the information below.						
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption.	Specific laws that allow exemption			
	Brief description: Chase Liquid Card Line from Schedule A/B: 17	\$3.00	\$3.00  100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)			
	Brief description:  Used Furniture  Line from Schedule A/B: 06	\$100.00	\$100.00  100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)			
3.	Are you claiming a homestead exemptio (Subject to adjustment on 4/01/19 and every  No  Yes. Did you acquire the property covere  No Yes	3 years after that for ca					

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Debtor 1	Elizabeth E		Freeman	Case number (if known)	
	First Name Mid	dle Name	Last Name		
Part 2:	Additional Page				
line	ef description of the property and on Schedule A/B that lists this perty	Current value of the portion you own  Copy the value from Schedule A/B		xemption you claim ox for each exemption.	Specific laws that allow exemption
Line	ef cription: Used Clothes e from nedule A/B: 11	\$500.00	100% of fair n applicable sta	\$500.00 narket value, up to any atutory limit	735 ILCS 5/12-1001(a)
Line	ef cription: (1)Cellphone e from nedule A/B: 07	\$150.00	100% of fair n	\$150.00 narket value, up to any atutory limit	735 ILCS 5/12-1001(b)
Line	ef cription:  Used Jewelry e from edule A/B:  12	\$100.00	100% of fair n	\$100.00 narket value, up to any atutory limit	735 ILCS 5/12-1001(b)

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					_		
Fill in t	this informa	ation to identify your case	2:				
Debto	or 1	Elizabeth	Е	Freeman			
		First Name	Middle Name	Last Name			
Debto							
(Spous	se, if filing)	First Name	Middle Name	Last Name			
United	d States Ba	nkruptcy Court for the:	Northern	District of Illinois (State)			
Case i	number wn)			(0.0.0)			
Offi	cial F	orm 106D			1		Check if this is a amended filing
Sch	nedul	e D: Credit	ors Who Ha	ive Claims Secui	red by Pro	pertv	12/1
Be as o	complete a	and accurate as possib	ole. If two married people	e are filing together, both are equa ne entries, and attach it to this forn	lly responsible for s	upplying correct infor	
1. D	o any cred	ditors have claims secu	red by your property?				
	No. Che	eck this box and submit t	his form to the court with yo	our other schedules. You have nothing	else to report on this t	orm.	
Ŀ	🗸 Yes. Fil	I in all of the information I	below.				
Part 1	: List A	II Secured Claims					
	for each cla	aim. If more than one cre		rred claim, list the creditor separately n, list the other creditors in Part 2. As ing to the creditor's name.	Column A  Amount of claim  Do not deduct the value of collateral.	Column B  Value of collateral that supports this claim	Column C Unsecured portion If any
	Creditor's N	ACCEPTANCE  Jame  Chtree St Ne	Describe the property	that secures the claim:	\$11,183.00	\$0.00	<u>\$11,183.00</u>
	Number Center To	Street	054 Automobile  As of the date you file	, the claim is: Check all that apply.			
	Atlanta	Georgia 30309	Contingent	,			
	City Who owe	State ZIP Code s the debt? Check one.	Unliquidated				
	_	r 1 only	Disputed	all that apply			
	Debto	r 2 only	Nature of lien. Check a	***			
	Debto	r 1 and Debtor 2 only	car loan)	made (such as mortgage or secured			
	At leas	st one of the debtors and	Statutory lien (such	as tax lien, mechanic's lien)			
		k if this claim relates	Judgment lien from	a lawsuit			
	to a c	ommunity debt	Other (including a r	ight to offset)			
	Date debt incurred	was <u>9/1/2015</u>	Last 4 digits of accou	int number 4465			
		dd the dollar value of umber here:		A on this page. Write that	\$11,183.00		

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Fill in this	information to identify your case	:					
Debtor 1	Elizabeth	Е	Freeman				
	First Name	Middle Name	Last Name	_			
Debtor 2				_			
(Spouse,	if filing) First Name	Middle Name	Last Name				
United St	ates Bankruptcy Court for the:	Northern	District of Illinois	_			
Case nur	nhor		(State)				
(If known)				-			
Officia	al Form 106E/F			<u>l</u>	Che	ck if this is ar	n amended filing
		114 3871			_		_
Sche	edule E/F: Cre	ditors Who	Have Unsecur	red Claims	i		12/15
106Å/B) a that are li entries in known).	nd on Schedule G: Executory sted in Schedule D: Creditors	Contracts and Unexpired Who Hold Claims Section 1986 the Continuation Page	d result in a claim. Also list exected Leases (Official Form 106G). ured by Property. If more space to this page. On the top of any a	Do not include any cr is needed, copy the P	editors with art you need	partially sec d, fill it out, n	cured claims number the
1. Do	any creditors have priority uns	secured claims against	vou?				
	No. Go to Part 2.	oodi od oldiillo agaillot	, , , , , , , , , , , , , , , , , , , ,				
	Yes.						
liste muc Cor	d, identify what type of claim it is. ch as possible, list the claims in a ntinuation Page of Part 1. If more	If a claim has both priorit lphabetical order according than one creditor holds a	more than one priority unsecured of y and nonpriority amounts, list that of ng to the creditor's name. If you have a particular claim, list the other creditor for this form in the instruction book	claim here and show bot ve more than two priority litors in Part 3.	h priority and	nonpriority ar	mounts. As
					Total claim	Priority amount	Nonpriority amount
2.1 IRS			ast 4 digits of account number		\$370.00	\$370.00	\$0.00
	ority Creditor's Name Box 7346		hen was the debt incurred?	n/a	' <u> </u>		
	mber Street		_	.,,			
		As	s of the date you file, the claim is	: Check all that apply.			
<u>Ph</u>	iladelphia Pennsylvania	19101	Contingent				
Cit	,	Zip Code	Unliquidated				
	ho incurred the debt? Check o Debtor 1 only	one.	Disputed				
Ě	Debtor 2 only	Ту	pe of PRIORITY unsecured clair	n:			
<b> </b>	Debtor 1 and Debtor 2 only		Domestic support obligations				
<u> </u>	At least one of the debtors and	another -	Taxes and certain other debts you	u owe the government			
	Check if this claim relates to		Claims for death or personal injuintoxicated	ry while you were			
	debt	·Г	Other. Specify				
ls t	the claim subject to offset?	_	-				
<b> </b>	No						
	Yes						

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Debto	or 1	Elizabeth E		eman	_ Case number (if	known)	
		First Name Midd	lle Name Last	Name			
Part 2	2:	List All of Your NONPRIORIT	Y Unsecured Claims	5			
3.	Do a	iny creditors have nonpriority unse	ecured claims against you	1?			
j. i		No. You have nothing to report in this	•		chedules		
		Yes.	part. Gabitiit tiilo loitti to tilo	oodit with your outor of	oricadico.		
	_						
		all of your nonpriority unsecured of					
		cured claim, list the creditor separatel	•	•		•	
		ore than one creditor holds a particular	claim, list the other creditor	s in Part 3.If you have r	more than four pri	ority unsecured claims fill out	the Continuation
'	Page	e of Part 2.					
							Total claim
4.1		state Credit Bureau		Last 4 digits of acc	ount number	23X1	\$94.00
		npriority Creditor's Name 315 W 10 Mile Rd		When was the debt	_	8/1/2011	
	_	mber Street		Which was the debt		0/1/2011	
				As of the date you f	ile, the claim is:	Check all that apply.	
	0	difficial Affabrica	40075	Contingent			
	Cit	uthfield Michigan v State	48075 Zip Code	Unliquidated			
		no incurred the debt? Check one.	Zip Oodc	Disputed			
		Debtor 1 only					
	Ħ	Debtor 2 only		Type of NONPRIOR	ITY unsecured of	claim:	
	H	Debtor 1 and Debtor 2 only		Student loans			
		·		Obligations arisir	ng out of a separa	ation agreement or divorce	
	L	At least one of the debtors and anoth	er	that you did not r	eport as priority c	laims	
		Check if this claim relates to a co	mmunity debt		n or profit-sharing	plans, and other similar	
	ls t	he claim subject to offset?		debts	0.11	. U C C	
	<b>V</b>	No		<b>✓</b>	Collection; Co		
	F	Yes			SCHAEFER LY		
	_	100		Other. Specify	STORA	AGE	
4.2		Y FINANCIAL		Last 4 digits of acc	ount number	0680	\$10,589.00
		npriority Creditor's Name ) RENAISSANCE CTR		•	_		
	_	mber Street		When was the debt	incurred?	8/1/2012	
				As of the date you f	ile, the claim is:	Check all that apply.	
	_			Contingent			
	DE Cit	TROIT Michigan  V State	48243 Zip Code	Unliquidated			
		no incurred the debt? Check one.	Zip Code	Disputed			
	<b>V</b>	Debtor 1 only					
	F	Debtor 2 only		Type of NONPRIOR	II Y unsecurea d	ciaim:	
	H	Debtor 1 and Debtor 2 only		Student loans			
	H	,				ation agreement or divorce	
	Ш	At least one of the debtors and anoth	ei		eport as priority c		
		Check if this claim relates to a co	mmunity debt		n or profit-sharing	plans, and other similar	
	ls t	he claim subject to offset?		debts  Other Specific	Popo to V	/ohiolo	
	✓	No		✓ Other. Specify	Repo to V	CI IIUC	
		Yes					
4.3	AN/	ICOL SYSTEMS INC					\$50.00
1.0		npriority Creditor's Name		Last 4 digits of acc	ount number	1581	Ψ50.00
		LANCEWOOD RD		When was the debt	incurred?	2/1/2016	
	Nu	mber Street		As of the date you f	ile, the claim is:	Check all that apply	
	_			Contingent	., <del>.</del>	abb.).	
	CC	LUMBIA South Carolin	a 29210				
	Cit	•	Zip Code	Unliquidated			
	W	no incurred the debt? Check one.  Debtor 1 only		Disputed			
	ř	,		Type of NONPRIOR	ITY unsecured of	claim:	
		Debtor 2 only		Student loans			
		Debtor 1 and Debtor 2 only		=	na out of a separa	ation agreement or divorce	
		At least one of the debtors and anoth	er	that you did not r	eport as priority c	laims	
	F	Check if this claim relates to a co	mmunity debt	_ ′		plans, and other similar	
	∟ le f	he claim subject to offset?	amily dobt	debts	,	., ., ., .,	
	<u></u>	No		<b>✓</b>	001 Collection;		
	×			Other. Specify	ORIGINAL C MEDICAL PAYI		
		Yes		outor. openiy	WEDIONEINII	MENT DINIA	

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Debto	or 1 Elizabeth E	Freeman Case number (if known)	
	First Name Middle Name	Last Name	
Part 2	Your NONPRIORITY Unsecured Claims - Cor	ntinuation Page	
	After listing any entries on this page, number them begin	ning with 4.5, followed by 4.6, and so forth.	Total claim
4.4	CREDIT COLL Nonpriority Creditor's Name	Last 4 digits of account number0165	\$119.00
	Po Box 9136	When was the debt incurred? 12/1/2015	
	Number Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	Needham Heights Massachusetts 02494 City State Zip Code	Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	Debtor 1 only  Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar	
	Is the claim subject to offset?	debts  Collection; Collecting for	
	✓ No	ORIGINAL CREDITOR: 06	
	Yes	Other. Specify PROGRESSIVE	
4.5	ENHANCED RECOVERY CO L Nonpriority Creditor's Name	Last 4 digits of account number 2645	\$745.00
	8014 BAYÉERRY RD	When was the debt incurred? 8/1/2013	
	Number Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	JACKSONVILLE Florida 32256 City State Zip Code	Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only  At least one of the debtors and another	Obligations arising out of a separation agreement or divorce	
	Check if this claim relates to a community debt	that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar	
	Is the claim subject to offset?	debts  001 Collection; Collecting for	
	✓ No	001 Collection; Collecting for Other. Specify ORIGINAL CREDITOR: SPRINT	
	Yes		
4.6	Great American Finance	Last 4 digits of account number 1716	\$122.00
	Nonpriority Creditor's Name 20 N Wacker Dr, Ste 2275	When was the debt incurred? 9/1/2012	
	Number Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	ChicagoIllinois60606CityStateZip Code	Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce	
	At least one of the debtors and another	that you did not report as priority claims	
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?  No	Other. Specify Surrender to furniture	

Yes

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Debto		reeman Case number (if known)	
	First Name Middle Name La	ast Name	
Part 2	Your NONPRIORITY Unsecured Claims - Contin	nuation Page	
	After listing any entries on this page, number them beginning	g with 4.5, followed by 4.6, and so forth.	Total claim
4.7	JJ MARSHALL Nonpriority Creditor's Name	Last 4 digits of account number1452	\$379.00
	PO BOX 182190	When was the debt incurred? 7/1/2015	
	Number Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	SHELBY Michigan 48318 TOWNSHI	Unliquidated	
	City State Zip Code	Disputed	
	Who incurred the debt? Check one.  Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar	
	Check if this claim relates to a community debt	debts  ✓ Other. Specify Storage	
	Is the claim subject to offset?	Other. Specify	
	Yes		
4.8	Navient	Look A dimite of account number 2000	\$6,799.00
	Nonpriority Creditor's Name 1002 ARTHUR DR	Last 4 digits of account number 0920	ψο,: σοισσ
	Number Street	When was the debt incurred? 9/1/2004	
		As of the date you file, the claim is: Check all that apply.	
	LYNN HAVEN Florida 32444	Contingent	
	City State Zip Code	Unliquidated	
	Who incurred the debt? Check one.  Debtor 1 only	Disputed	
	Debtor 1 only  Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify	
	✓ No		
	Yes		
4.9	Navient Nonpriority Creditor's Name	Last 4 digits of account number1107	\$6,799.00
	1002 ARTHUR DR Number Street	When was the debt incurred? 11/1/2001	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	LYNN HAVEN Florida 32444	Contingent	
	City State Zip Code	Unliquidated	
	Who incurred the debt? Check one.  Debtor 1 only	Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	✓ Student loans	
	At least one of the debtors and another	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar	
	Is the claim subject to offset?	debts Other. Specify	
	✓ No	<u> </u>	

Yes

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Debtor 1		reeman Case number (if known)	
art 2:	Your NONPRIORITY Unsecured Claims - Contin		
	After listing any entries on this page, number them beginnir	ng with 4.5, followed by 4.6, and so forth.	Total claim
	Navient	Last 4 digits of account number 1008	\$6,799.00
	Nonpriority Creditor's Name 1002 ARTHUR DR	When was the debt incurred? 10/1/2003	
	Number Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	LYNN HAVEN Florida 32444	Unliquidated	
	City State Zip Code  Who incurred the debt? Check one.		
	Debtor 1 only	Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	✓ Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify	
	✓ No		
	Yes		
	Navient Nonpriority Creditor's Name	<ul> <li>Last 4 digits of account number1016</li> </ul>	\$6,799.00
	1002 ARTHUR DR	When was the debt incurred? 10/1/2002	
	Number Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	LYNN HAVEN Florida 32444  City State Zip Code	Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only		
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar	
	ls the claim subject to offset?	debts Other. Specify	
	<u>✓</u> No	Curior. Opcomy	
	Yes		
	Navient Navient	Last 4 digits of account number 1115	\$666.00
	Nonpriority Creditor's Name 1002 ARTHUR DR	When was the debt incurred? 11/1/2005	
	Number Street		
		As of the date you file, the claim is: Check all that apply.  Contingent	
	LYNN HAVEN Florida 32444	Unliquidated	
	City State Zip Code  Who incurred the debt? Check one.		
	Debtor 1 only	Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	✓ Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar	
	Is the claim subject to offset?	debts	
	✓ No	Other. Specify	
	Yes		

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Elizabeth Freeman Debtor 1 Case number (if known) First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** PHOENIX RECOVERY GROUP 4.13 \$4,014.00 Last 4 digits of account number Nonpriority Creditor's Name 2939 MOSSROCK STE 220 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent SAN ANTONIO Texas 78230 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? Other. Specify Back Rent **✓** No Yes 4.14 Reliable Recovery Inc. \$100.00 Last 4 digits of account number \_ Nonpriority Creditor's Name When was the debt incurred? 827 Gardner St Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Illinois 60433 Joliet City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: ✓ Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts account number: 2046463418 Is the claim subject to offset? Other. Specify reference number: 202053 **✓** No

Yes

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tor 1 Elizabeth First Name	E	liddle Name	Freeman Last Name	Case	number (if known)
3: List Others	to Be Notified	About a Debt T	hat You Already	Listed	
collection agency agency here. Simil	is trying to collect larly, if you have mo	from you for a deb ore than one credit	t you owe to some or for any of the de	one else, list the o	rou already listed in Parts 1 or 2. For example, if a original creditor in Parts 1 or 2, then list the collection in Parts 1 or 2, then list the collection in Parts 1 or 2, list the additional creditors here. If out or submit this page.
Providence Green Name	Apartments		On which ent	ry in Part 1 or Par	t 2 did you list the original creditor?
25500 Greenfield F	Rd		Line 4.13	of (Check	Part 1: Creditors with Priority Unsecured Claim
Number Street			_	one):	Part 2: Creditors with Nonpriority Unsecured Claims
Oak Park	Michigan	48237	Last 4 digits	of account number	<b>er</b> 6164
City	State	Zip Code			
Sprint			On which ent	ry in Part 1 or Par	t 2 did you list the original creditor?
Name					
P.O. Box 219554			Line 4 <u>.5</u>	of (Check one):	Part 1: Creditors with Priority Unsecured Claim
Number Street				one).	Part 2: Creditors with Nonpriority Unsecured Claims
Kansas City	Missouri	64121	Last 4 digits	of account number	er <u>2645</u>
City	State	Zip Code			
National Storage (	Centers - Southfield		On which ent	rv in Part 1 or Par	t 2 did you list the original creditor?
Ivaille					
21940 8 Mile Rd Number Street			Line 4 <u>.7</u>	of (Check one):	Part 1: Creditors with Priority Unsecured Claim
- Street				ono).	Part 2: Creditors with Nonpriority Unsecured Claims
Southfield	Michigan	48075	Last 4 digits	of account number	er <u>1452</u>
City	State	Zip Code			
RICHARD RONA	LD ASSOCIATES		On which ent	ry in Part 1 or Par	t 2 did you list the original creditor?
31731 Northwester			Line 4 <u>.6</u>	of (Check one):	Part 1: Creditors with Priority Unsecured Claim
Number Street			_	ono).	Part 2: Creditors with Nonpriority Unsecured Claims
Farmington	Michigan	48334	Last 4 digits	of account number	er <u>1716</u>
City	State	Zip Code			
Progressive Name			On which ent	rv in Part 1 or Par	t 2 did you list the original creditor?
256 West Data Dri			Line 4 <u>.4</u>	of (Check one):	Part 1: Creditors with Priority Unsecured Claim
Number Street				one).	Part 2: Creditors with Nonpriority Unsecured Claims
Draper	Utah	84020	Last 4 digits	of account number	er <u>0165</u>
City	State	Zip Code			
Schaefer Lyndon S	Self Storage		On which ont	ry in Part 1 or Par	t 2 did you list the original creditor?
Name					t 2 did you list the original creditor?
14541 Schaefer Hv	•		Line 4.1	of (Check	Part 1: Creditors with Priority Unsecured Claim
Number Street				one):	Part 2: Creditors with Nonpriority Unsecured Claims

Detroit

City

Michigan

State

48227

Zip Code

Last 4 digits of account number

23X1

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Document Elizabeth Freeman Debtor 1 Case number (if known) First Name Add the Amounts for Each Type of Unsecured Claim Part 4: Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$0.00 Total claims 6a. Domestic support obligations. from Part 1 \$370.00 6b. Taxes and certain other debts you owe the government 6b. 6c. Claims for death or personal injury while you were \$0.00 intoxicated \$0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. \$370.00 6e. Total. Add lines 6a through 6d. 6e. **Total claims** \$27,862.00 **Total claims** 6f. Student loans from Part 2 6g. Obligations arising out of a separation agreement or \$0.00 divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar 6h.

6i. Other. Add all other nonpriority unsecured claims. Write

that amount here.

6j. Total. Add lines 6f through 6i.

\$16,212.00

\$44,074.00

6j.

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Fill in this info	ormation to identify your cas	se:			
Debtor 1	Elizabeth	E	Freeman		
Dobtor 1	First Name	Middle Name	Last Name	_	
Debtor 2					
	ing) First Name	Middle Name	Last Name	_	
United States	s Bankruptcy Court for the:	Northern	District of Illinois		
			(State)	_	
Case number (If known)	r			_	
Officia	l Form 106G				Check if this is an amended filing
Sched	ule G: Execut	ory Contracts	and Unexpired	d Leases	12/15
space is need				equally responsible for supplyin page. On the top of any addition	
1. Do you	have any executory	contracts or unexpire	ed leases?		
		tar at the second			

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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Fill in this inf	formation to identify your cas	se:		
Debtor 1	Elizabeth	Е	Freeman	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if fi	iling) First Name	Middle Name	Last Name	<del></del>
United State	s Bankruptcy Court for the:	Northern	District of Illinois	
0			(State)	
Case number (If known)	er			
Officia	l Form 106H			Check if this is an amended filing
Sched	ule H: Your C	odebtors		12/15
Ye  2. Within Idaho, L	o ss	<b>lived in a community pro</b> ico, Puerto Rico, Texas, Wa	shington, and Wisconsin.)	debtor.)  ommunity property states and territories include Arizona, California,
	Yes. In which community	state or territory did you live	? Fill in	the name and current address of that person.
	Name of your spouse, f	ormer spouse, or legal equi	valent	_
	Number Street			_
	City	State	Zip Code	_
again a Schedu	s a codebtor only if that pule E/F (Official Form 106E	erson is a guarantor or c	osigner. Make sure you hav	our spouse is filing with you. List the person shown in line 2 re listed the creditor on <i>Schedule D</i> (Official Form 106D), rule <i>D</i> , <i>Schedule E/F</i> , or <i>Schedule G</i> to fill out Column 2.
Columi	n 1: Your codebtor			Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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			9			
Fill in this information to ide	entify your case:					
Debtor 1 Elizabeth	E	Freeman		_		
First Name	Middle Name	Last Nam	е		Check if this is:	
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Nam	<u>e</u>	-	An amended filing	
					<b>=</b>	ving post-petition chapter
United States Bankruptcy Court for	the: Northern	District of Illinoi (State		_	expenses as of the	
Case number		(Oldin	<i>-</i> ,	_		<u></u>
(If known)					MM / DD / YYYY	
Official Form 106						
Schedule I: Your	Income					12/
include information about additional pages, write you Part 1: Describe Employ	r name and case number					on the top of any
Fill in your employment	nt	Debtor 1			Debtor 2	
information.	Employment status	<b>✓</b> Employed			Employed	
If you have more than on		Not Emplo	ved		Not Employed	
job, attach a separate page v	with _		,			
information about addition employers.	onal Occupation	Nursing Asst				
	Employer's name	Villa at Winds	or park			
Include part time, seaso or	nal, Employer's address	2649 A 75th S Number Street	t		Number Street	
self-employed work.		Number Street			Number Street	
Occupation may include student					_	
or homemaker, if it appli	es.	Chicago	Illinois	60649		
		City	State	Zip Code	City	State Zip Code
	How long employed there?	2 months				_
Part 2: Give Details About Estimate monthly income as of you are separated.  If you or your non-filing spouse have attach a separate sheet to this form	the date you file this form. If you we more than one employer, comb	-			on on the lines below. If y	
			For D	ebtor 1	For Debtor 2 or non-filing spouse	
	salary, and commissions (before ally, calculate what the monthly wa			\$1,797.06		<u> </u>
3. Estimate and list monthly	overtime pav.	3.		+ \$0.00		

\$1,797.06

4. Calculate gross income. Add line 2 + line 3.

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Debtor 1 Elizabeth		Freeman	Case number	(if known)	
First Name	Middle Name	Last Name	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here		4.	\$1,797.06		
5. List all payroll deductions:					
5a. Tax, Medicare, and Soci	ial Security deductions	5a.	\$350.24		
5b. Mandatory contribution	•	5b.	\$0.00		
5c. Voluntary contributions	•	5c.	\$0.00		
5d. Required repayments of	•	5d.	\$0.00		
5e. Insurance		5e.	\$0.00		
5f. Domestic support oblig	pations	5f.	\$0.00		
5g. Union dues	,	5g.	\$59.30		
· ·	cify:		\$0.00 +	<u> </u>	
	. Add lines 5a + 5b + 5c + 5d + 5e +5f	<del>-</del>	\$409.54		
+5h.		. og o. <u>.</u>	Ψ103.01		
7. Calculate total monthly take	e-home pay. Subtract line 6 from line 4	. 7. <u> </u>	\$1,387.51		
8. List all other income regular	rly received:				
business, profession, o	I property and from operating a or farm ch property and business showing gros	s			
	cessary business expenses, and the total		\$0.00		
8b. Interest and dividends		8b.	\$0.00		
8c. Family support paymer dependent regularly rec	nts that you, a non-filing spouse, or ceive	a			
Include alimony, spousal s divorce settlement, and pr	support, child support, maintenance, operty settlement.	8c	\$0.00		
8d. Unemployment comper	nsation	8d	\$0.00		
8e. Social Security		8e	\$0.00		
Include cash assistance ar assistance that you receive the Supplemental Nutrition subsidies	stance that you regularly receive nd the value (if known) of any non-cash e, such as food stamps (benefits under n Assistance Program) or housing	•	<b>PO 00</b>		
• •		_	\$0.00		
8g. Pension or retirement i		8g	\$0.00		
•	Specify:		\$0.00 +		
9. Add all other income Add lin	nes 8a + 8b + 8c + 8d + 8e + 8f +8g + 8	3h. 9. <u> </u>	\$0.00		
10. <b>Calculate monthly income.</b> Add the entries in line 10 for I	Add line 7 + line 9. Debtor 1 and Debtor 2 or non-filing spo	10	\$1,387.51 +	=	\$1,387.51
Include contributions from an relatives.	tributions to the expenses that you unmarried partner, members of your ho already included in lines 2-10 or amount	usehold, your depe	ndents, your roommates	•	
Specify:		are recording			1. + \$0.00
<del></del>				<u> </u>	
	t column of line 10 to the amount in nmary of Schedules and Statistical Sum				\$1,387.51
					Combined monthly income
13. Do you expect an increase	or decrease within the year after yo	u file this form?			
No.					
Yes. Explain:					
_					

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Fill in this inform	mation to identify your ca	ase:				
Debtor 1	Elizabeth	E	Freeman			
	First Name	Middle Name	Last Name			
Debtor 2	a) <del>=:</del>	ACT III AT		Check if this is:		
(Spouse, if filin	9) First Name	Middle Name	Last Name	An amended filing	j	
United States E	Bankruptcy Court for the	Northern	District of Illinois	A supplement sho		n chapter 13
Case number			(State)	expenses as of th	e following date:	
(If known)				MM / DD / YYYY	,	
Official	Form 106J					
-	le J: Your E	xpenses				12/15
		-	filing together, both are equally r	esnonsible for supply	ving correct	
information. If			form. On the top of any additional			mber
	cribe Your House	اماط				
1. Is this a join		noid				
✓ No. Go	to line 2					
Yes. D	oes Debtor 2 live in a	separate household?				
	No					
Г	Yes. Debtor 2 must f	file Official Forms 106J-2, Expens	ses for Separate Household of Debto	r2.		
2. Do you hav	re 🔽	No				
dependents?	_					
Do not list D Debtor 2.		Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does depend with you?	ent live
	penses include of people other	No				
than	p.cop	Yes				
yourself and dependent	d your $\square$	103				
<u>uepenuem</u>	<b>5</b> :					
Part 2: Esti	mate Your Ongoin	g Monthly Expenses				
-	of a date after the ban		ou are using this form as a suppl plemental Schedule J, check the	•	•	ne
		-cash government assistance			You	ır expenses
			clude first mortgage payments and			\$700.00
	or the ground or lot. 4.				4.	φ100.00
	uded in line 4:					
4a. Real e	state taxes				4a _	\$0.00
4b. Proper	ty, homeowner's, or ren	ter's insurance			4b	\$0.00
4c. Home	maintenance, repair, and	l upkeep expenses			4c.	\$0.00
4d. Home	owner's association or co	ondominium dues			4d.	\$0.00

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Freeman Case number (if known) Debtor 1 Elizabeth First Name Middle Name Last Name Your expenses 5. Additional mortgage payments for your residence, such as home equity loans \$0.00 5. 6. Utilities: 6a. Electricity, heat, natural gas \$150.00 6a. 6b. Water, sewer, garbage collection \$0.00 6b. 6c. Telephone, cell phone, Internet, satellite, and cable services \$150.00 6c. 6d. Other. Specify: \$0.00 6d 7. Food and housekeeping supplies \$300.00 7. 8. Childcare and children's education costs \$0.00 8. 9. Clothing, laundry, and dry cleaning 9. \$100.00 10. Personal care products and services \$100.00 10. 11. Medical and dental expenses \$0.00 11. 12. Transportation. Include gas, maintenance, bus or train fare. \$100.00 12. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books \$0.00 13. 14. Charitable contributions and religious donations \$0.00 14. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance \$0.00 15a 15b. Health insurance \$0.00 15b 15c. Vehicle insurance 15c \$0.00 15d. Other insurance. Specify: \_\_\_ 15d \$0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: \$0.00 16 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a \$0.00 17b. Car payments for Vehicle 2 17b \$0.00 17c. Other. Specify: \$0.00 17c 17d. Other. Specify: \$0.00 17d 18. Your payments of alimony, maintenance, and support that you did not report as deducted from \$0.00 your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. Specify: \$0.00 19. 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property \$0.00 20a 20b. Real estate taxes. \$0.00 20h 20c. Property, homeowner's, or renter's insurance \$0.00 20c 20d. Maintenance, repair, and upkeep expenses. \$0.00 20d 20e. Homeowner's association or condominium dues \$0.00 20e

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Debtor 1	Elizabeth	E	Freeman	Case number (if known)		
	First Name	Middle Name	Last Name			
21.Other.	Specify:				21	\$0.00
22. Calcu	late your monthly expenses	s.				\$1,600.00
22a. A	dd lines 4 through 21.					\$0.00
22b. C	copy line 22 (monthly expense	s for Debtor 2), if any, fro	m Official Form 106J-2			\$1,600.00
22c. A	dd line 22a and 22b. The resu	ılt is your monthly expens	ses.		22.	
23.Calcu	late your monthly net incor	ne.				
23a. C	copy line 12 (your combined m	nonthly income) from Sch	edule I.		23a	\$1,387.51
23b. C	copy your monthly expenses fro	om line 22 above.			23b	\$1,600.00
					230	
	ubtract your monthly expenses The result is your monthly net		ne.		00 -	(\$212.49)
	The result is your monthly net	income.			23c	
24. <b>Do yo</b>	ou expect an increase or de	crease in your expens	es within the year after you	ı file this form?		
For e	xample, do you expect to finis	h naving for your car loar	within the year or do you ex	nect vour		
	gage payment to increase or o					
	lo					
<u> </u>						
☐ Y	és					
	Explain here:					
	'					

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Fill in this infor	Fill in this information to identify your case:									
Debtor 1	Elizabeth	E	Freeman							
	First Name	Middle Name	Last Name							
Debtor 2										
(Spouse, if filing) First Name		Middle Name	Last Name							
United States	Bankruptcy Court for the:	Northern	District of Illinois	_						
Case number (If known)			(State)	_						

### Official Form 106Dec

### Check if this is an amended filing

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Par	t1: Sign Below	
	Did you pay or agree to pay someone who is NOT an attorney to h	elp you fill out bankruptcy forms?
	☑ No	
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
	Under penalty of perjury, I declare that I have read the summary at that they are true and correct.	nd schedules filed with this declaration and
	·	4-
X	/s/ Elizabeth Freeman	<b>x</b>
	Signature of Debtor 1	Signature of Debtor 2
	Date 9/29/2016	Date
	MM/DD/YYYY	MM/DD/YYYY

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Fill in this	information to	identify your cas	se:					
Debtor 1	Elizabe	eth	Е	Freema	n			
	First N		Middle	Name Last Na	me	-		
Debtor 2	if filing) First N		NA: alalla	Name Last Na		-		
(Spouse,	" """9) FIRST N	ame	Middle	Name Last Na	ne			
	tates Bankrupto	y Court for the:	Northern	District of Illin		-		
Case nur (If known)						=		
	ial Form		ial Affair	s for Individu	ale Filin	_ a for Pa	nkruntov	Check if this is an amended filing
Be as cor space is r question	mplete and acc needed, attach	curate as poss a a separate sh	ible. If two marricet to this form. (	s for Individued people are filing togethen the top of any addition us and Where You Li	ner, both are eq al pages, write	ually responsi	ble for supplying	correct information. If more
		rrent marital st		us and where lod Li	ved Belole			
1. W	-	ment mantai Si	alus :					
L	Married Not married							
2. Du	uring the last 3	years, have yo	ou lived anywhere	e other than where you liv	e now?			
<u> </u>	No Yes. List all o	f the places you	lived in the last 3 y	ears. Do not include where  Dates Debtor 1 lived there	you live now.  Debtor 2:			Dates Debtor 2 lived there
					□ Samo s	s Debtor 1		Same as Debtor 1
					Same a	is Debior 1		Jame as Debior 1
	14200 W 8 M Number Stre			From <u>1/2010</u>	Number Str	eet		From
				To 1/2016				То
	Oak Park	Michigan	48237					
	City	State	Zip Code		City	State	Zip Code	
	-		·		Same a	s Debtor 1		Same as Debtor 1
	Number Stre	eet		From	Number Str	eet		From
				To				То
	City	State	Zip Code		City	State	Zip Code	
territ	<i>ories</i> include A	rizona, California	a, Idaho, Louisiana	ouse or legal equivalent i a, Nevada, New Mexico, Pu ebtors (Official Form 106H)	erto Rico, Texas			nmunity property states and

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btor 1 Elizabeth First Name	E Middle	Name Last N		number <i>(if known)</i>	
t 2: Explain the Source	s of Your	Income			
Did you have any income from Fill in the total amount of incomposition activities. If you are filing a joint No  Yes. Fill in the details.	om employn ne you receiv	nent or from operating a keed from all jobs and all busi	nesses, including part-time		years?
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current the date you filed for bank		✓ Wages, commissions, bonuses, tips ☐ Operating a business	<u>\$1435.95</u>	Wages, commissions, bonuses, tips Operating a business	
For last calendar year: (January 1 to December 31, )	2015 YYYY	✓ Wages, commissions, bonuses, tips ☐ Operating a business	\$21203.00	Wages, commissions, bonuses, tips Operating a business	
For the calendar year beformand (January 1 to December 31,		✓ Wages, commissions, bonuses, tips  ☐ Operating a	\$21000.00	Wages, commissions, bonuses, tips Operating a	
case and you have income that  List each source and the gross  No Yes. Fill in the details.				sted in line 4.	
		Debtor 1		Debtor 2	
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions ar exclusions)
From January 1 of curren the date you filed for ban					
For last calendar year: (January 1 to December 31,	, <u>2015</u> YYYY	<u> </u>			
For the calendar year bef (January 1 to December 31,					

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btor 1		E	della Niana	Freeman	Case numb	er (if known)	
	First Name		ddle Name	Last Name			
rt 3:	List Certain Pa	ayments You	Made Be	efore You Filed for E	Bankruptcy		
Are	either Debtor 1's o	r Debtor 2's deb	ots primari	ily consumer debts?			
		or 1 nor Debtor 2 personal, family, c	•	•	onsumer debts are defined i	n 11 U.S.C. § 101(8) as "incu	ırred by an individual
	During the 90 o	days before you fil	ed for bank	kruptcy, did you pay any cre	ditor a total of \$6,425* or mo	re?	
	No. Go to	line 7.					
	tota	amount you paid	I that credit	or. Do not include payment	or more in one or more payr s for domestic support obliga an attorney for this bankrupt	tions, such as	
	* Subject to ad	ustment on 4/01/	19 and eve	ry 3 years after that for case	es filed on or after the date of	adjustment.	
<b>✓</b>	Yes. <b>Debtor 1 or D</b>	ebtor 2 or both	have prim	arily consumer debts.			
	During the 90 o	days before you fil	ed for bank	kruptcy, did you pay any cre	ditor a total of \$600 or more?		
	✓ No. Go to	line 7.					
	that	creditor. Do not in	nclude pay		more and the total amount you t obligations, such as child s s bankruptcy case.		
				Dates of payment	Total amount paid	Amount you still owe	Was this payment for
	Creditor's Name						☐ Mortgage ☐ Car
	Number Street						Credit card Loan repayment
	City S	tate Zip C	ode				Suppliers or vendors Other
-	Creditor's Name						Mortgage Car
	Number Street						Credit card Loan repayment
	City S	tate Zip C	ode				Suppliers or vendors Other
	Creditor's Name						Mortgage Car
	Number Street						Credit card  Loan repayment
	City S	tate Zip C	code				Suppliers or vendors
							Other

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Debtor 1	Elizabeth First Name	E Middle Name		eman Name	Case number (	f known)
Insi corp age	ders include your rela porations of which yo	ou filed for bankruptcy, did atives; any general partners; u are an officer, director, per a business you operate as a d alimony.	relatives of any g son in control, or	eneral partners; par owner of 20% or mo	tnerships of which y ore of their voting se	ou are a general partner; curities; and any managing
$\overline{\lor}$	No Yes. List all paymen	nts to an insider.				
	, ,		Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
	Insider's Name					
	Number Street					
-	City S	tate Zip Code				
	Insider's Name					
	Number Street					
	City S	tate Zip Code				
	hin 1 year before yo	ou filed for bankruptcy, dic	l you make any	payments or trans	fer any property o	n account of a debt that benefited an
Inclu	ude payments on deb No	nts guaranteed or cosigned by	y an insider.			
		ts that benefited an insider.				
			Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
						Include creditor's name
	Insider's Name	-				
	Number Street					
	City S	tate Zip Code				
	Insider's Name					
	Number Street					
	City S	tate Zip Code				

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	First Name	Middle Na	ame	Freeman Last Name		se number (if kno		
Part 4:	Identify Legal	Actions, Reposs	essions,	and Foreclosure	s			
List a	all such matters, inc ract disputes. No							g? custody modifications, and
<b>✓</b>	Yes. Fill in the deta	ils.	Nature	e of the case	Court or ag	aencv		Status of the case
	Case title Great American I E Freeman  Case number 1400585GC	Finance vs Elizabeth	Civil		OAKLAND DISTRICT Court Name	COUNTY 45TI	48237 Zip Code	Pending On appeal Concluded
	Case title  Case number				Court Name			Pending On appeal Concluded
					City	State	Zip Code	
Ch ✓	eck all that apply ar  No. Go to line 11.  Yes. Fill in the info		ı.	Describe the prop	erty		Date	Value of the property
	CREDIT ACCER Creditor's Name			2009 Dodge Caliber was Repo & surrender			8/31/2016	\$11183
	1250 Peachtree S Number Street	St Ne		Explain what happ	ened			
	Center Tower  Atlanta City	Georgia 303 State Zip 0		<ul> <li>✓ Property was repossessed.</li> <li>✓ Property was foreclosed.</li> <li>✓ Property was garnished.</li> <li>✓ Property was attached, seized, or levied.</li> </ul>				
				Describe the prop	erty		Date	Value of the property
	Creditor's Name			Explain what happ	ened			
	Number Street  City	State Zip C	- Codo	Property was re Property was g	reclosed.	ar lovined		

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Debtor	1	Elizabeth First Name	E Middle Name	Freeman Last Name	Case number (if known)		
		hin 90 days before you filed ounts or refuse to make a pa			ank or financial institution, s	et off any amou	nts from your
[ [	<b>✓</b>	No Yes. Fill in the details.					
				Describe the action the	e creditor took	Date action was taken	Amount
		Creditor's Name					
		Number Street		Last 4 digits of account no	umber: XXXX-		
		City State	Zip Code				
		nin 1 year before you filed fo ointed receiver, a custodian		of your property in the p	oossession of an assignee fo	or the benefit of o	creditors, a court-
	<b>Z</b>	No Yes					
Part 5		List Certain Gifts and					
13.	Wi	thin 2 years before you filed	for bankruptcy, did yo	ou give any gifts with a to	ital value of more than \$600	per person?	
		Yes. Fill in the details for each		December the wife		Datasassas	Veler
		Gifts with a total value of n per person	nore than \$600	Describe the gifts		Dates you gave the gifts	Value
		Person to Whom You Gave th	e Gift				
		Number Street					
		City State Person's relationship to you	Zip Code				
		Person to Whom You Gave th	e Gift				
		Number Street					
		City State Person's relationship to you	Zip Code				

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Deb	tor 1	Elizabeth First Name	E Middle Name	Freeman Last Name	Case number (if known)		
14.	Wit	hin 2 years before you fi	iled for bankruptcy, did	you give any gifts or contrib	outions with a total value of	more than \$600	o any charity?
	<b>V</b>	No	,,	,		*****	,,
		Yes. Fill in the details for	each gift or contribution.				
		Gifts or contributions that total more than \$6		Describe what you cont	ributed	Date you contributed	Value
		Charity's Name					
		Number Street					
		City State	e Zip Code				
Part	6:	List Certain Losses	<b>i</b>				
15.		nin 1 year before you file bling?  No  Yes. Fill in the details.  Describe the property you how the loss occurred		Describe any insurance	coverage for the loss	Date of your	Value of property
		now the loss occurred		pending insurance claims  A/B: Property.		1033	iosi
		ut seeking bankruptcy o de any attorneys, bankrup No Yes. Fill in the details.		cy petition? credit counseling agencies for	services required in your banl	kruptcy.	
				Description and value o transferred	f any property	Date payment or transfer was made	Amount of payment
		Semrad Law Firm		Attorney's Fee - 0.00		9/29/2016	\$0.00
		Person Who Was Paid	th Floor				
		20 South Clark Street 286 Number Street	tri Fiooi				
		Chicago Illino	is 60606				
		City State					
		Email or website address	3				
		Person Who Made the Pa	ayment, if Not You				
		Person Who Was Paid					
		Number Street					
		City State	e Zip Code				
		Email or website address	<u> </u>				
		Person Who Made the Pa	ayment, if Not You				

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Deb	tor 1	Elizabeth		Е	Freeman	_ Case r	number (if known)			
		First Name		Middle Name	Last Name					
17.	help	you deal with you	ur creditors o ment or transfe		or anyone else acting on your l s to your creditors? e 16.	behalf p	ay or transfer a	any property to a	nyone w	vho promised to
	Y	res. Fill in the deta	alis.							
					Description and value of any transferred	propert	ty	Date payment or transfer was made	paym	
		STAHULAK & AS	SOCIATES, L	L.C.	Consultation - \$50.00			09/2016	\$50.00	)
		Person Who Was	Paid							
		53 W Jackson Blv	d #652							
		Number Street								
		Chicago	Illinois	60604						
		City	State	Zip Code						
					u sell, trade, or otherwise trans					
	Inclu	-	ansfers and tra already listed o		rity (such as the granting of a sec	urity inte	rest or mortgag	e on your property	'). Do not	t include gifts and
					Description and value of any		Describe any			Date
					property transferred			ceived or debts	paid	transfer was
							in exchange			made
		Person Who Rece	eived Transfer							
		Number Street								
		City	State	Zip Code						
		Person's relations		Zip Code						
		Person Who Rece	eived Transfer							
		Number Street								
		-								
		City	State	Zip Code						
		Person's relations	ship to you							
19.		nin 10 years befor ese are often called			ou transfer any property to a se	lf-settled	d trust or simila	ar device of whic	h you aı	re a beneficiary?
	<b> </b>	No								
	Ħ	Yes. Fill in the deta	ails.							
					Description and value of the	e proner	tv transferred			Date
					Social faire value of the	- Proper	-y alamoierieu			transfer was
										made
		Name of trust								

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Debtor 1	Elizabeth First Name	E Middle Name	Freeman Last Name	Case number (if known)	
art 8:			struments, Safe Deposit B	oxes, and Storage Units	
D. Wit mo	thin 1 year before you ved, or transferred? ude checking, savings,	filed for bankruptcy, w	rere any financial accounts or instinancial accounts; certificates of dep	struments held in your name, or for you nosit; shares in banks, credit unions, brokers	
<b>✓</b>	No Yes. Fill in the details.				
			Last 4 digits of account number	clos	Last balance bunt was before sed, sold, closing or ved, or transfer sferred
	Person Who Was Paid	d	_ XXXX-	Checking Savings	
	Number Street		<del>-</del> -	Money market Brokerage Other	
	City Sta	ate Zip Code			
	Person Who Was Paid	d	_ XXXX-	Checking Savings	
	Number Street		_	Money market Brokerage	
	City Sta	ate Zip Code	_	Other	
oth	er valuables?  No  Yes. Fill in the details.		Who else had access to it?	Describe the contents	Do you still have it?
	Name of Financial Ins	stitution	Name		☐ No ☐ Yes
	Number Street		Number Street		
			City State Z	ip Code	
	City Sta	•	la a a sta a sta a sa sa sa la a sa a sa	4 years before you filed for border water	
Hav	No Yes. Fill in the details.		ace other than your nome withir	1 year before you filed for bankruptcy	<i>:</i>
			Who else had access to it?	Describe the contents	Do you still have it?
	Name of Storage Fac	cility	Name		□ No
	Number Street		Number Street		Yes
			City State Z	ip Code	
	City Sta	ite Zip Code	·	p 0000	

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btor 1		Freeman Case number (if known)	
	First Name Middle Name	Last Name	
rt 9:	Identify Property You Hold or Cont	trol for Someone Else	
Do	you hold or control any property that some	one else owns? Include any property you borrowed from, are storing for, or he	old in trust for
SOI	omeone.		
./	No		
Ě	Yes. Fill in the details.		
_	163. I ili ili tile details.	When to the contests	Makes
		Where is the property? Describe the contents	Value
		- <del> </del>	
	Owner's Name	Number Street	
	Number Street	·	
	Number Street		
	-	City State Zip Code	
		Oity State Zip Gode	
	City State Zip Code		
	<b>-</b>		
t 10:	Give Details About Environmental	i information	
r the	purpose of Part 10, the following definitions apply	y:	
	· ·	ocal statute or regulation concerning pollution, contamination, releases of	
		ial into the air, land, soil, surface water, groundwater, or other medium, cleanup of these substances, wastes, or material.	
	including statutes of regulations controlling the c	dealup of these substances, wastes, of material.	
- ,		efined under any environmental law, whether you now own, operate, or utilize it	
	or used to own, operate, or utilize it, including dis	sposal sites.	
(			
	Hazardous material means anything an environm	nental law defines as a hazardous waste, hazardous substance,	
-	Hazardous material means anything an environm toxic substance, hazardous material, pollutant, co	nental law defines as a hazardous waste, hazardous substance, ontaminant, or similar term.	
= ,	toxic substance, hazardous material, pollutant, co	ontaminant, or similar term.	
= ,	, ,	ontaminant, or similar term.	
teport a	toxic substance, hazardous material, pollutant, co all notices, releases, and proceedings that you kr	ontaminant, or similar term.  now about, regardless of when they occurred.	
teport a	toxic substance, hazardous material, pollutant, co all notices, releases, and proceedings that you kr	ontaminant, or similar term.	law?
t eport a	toxic substance, hazardous material, pollutant, co all notices, releases, and proceedings that you kn as any governmental unit notified you that you	ontaminant, or similar term.  now about, regardless of when they occurred.	law?
t eport a	toxic substance, hazardous material, pollutant, co all notices, releases, and proceedings that you kn as any governmental unit notified you that you No	ontaminant, or similar term.  now about, regardless of when they occurred.	law?
t eport a	toxic substance, hazardous material, pollutant, co all notices, releases, and proceedings that you kn as any governmental unit notified you that you	ontaminant, or similar term.  now about, regardless of when they occurred.  bu may be liable or potentially liable under or in violation of an environmental	
t eport a	toxic substance, hazardous material, pollutant, co all notices, releases, and proceedings that you kn as any governmental unit notified you that you No	ontaminant, or similar term.  now about, regardless of when they occurred.	
t port	toxic substance, hazardous material, pollutant, co all notices, releases, and proceedings that you kn as any governmental unit notified you that you No	ontaminant, or similar term.  now about, regardless of when they occurred.  bu may be liable or potentially liable under or in violation of an environmental	it Date of
t port	toxic substance, hazardous material, pollutant, co all notices, releases, and proceedings that you kn as any governmental unit notified you that you No	ontaminant, or similar term.  now about, regardless of when they occurred.  bu may be liable or potentially liable under or in violation of an environmental	it Date of
teport a	toxic substance, hazardous material, pollutant, co all notices, releases, and proceedings that you kn as any governmental unit notified you that you No Yes. Fill in the details.	ontaminant, or similar term.  now about, regardless of when they occurred.  ou may be liable or potentially liable under or in violation of an environmental description.  Governmental unit  Environmental law, if you know	it Date of
t eport a	toxic substance, hazardous material, pollutant, co all notices, releases, and proceedings that you kn as any governmental unit notified you that you No Yes. Fill in the details.	ontaminant, or similar term.  now about, regardless of when they occurred.  ou may be liable or potentially liable under or in violation of an environmental description.  Governmental unit  Environmental law, if you know	it Date of
teport a	toxic substance, hazardous material, pollutant, co all notices, releases, and proceedings that you kn as any governmental unit notified you that you No Yes. Fill in the details.	contaminant, or similar term.  now about, regardless of when they occurred.  Du may be liable or potentially liable under or in violation of an environmental of the contaminant of the	it Date of
teport a	toxic substance, hazardous material, pollutant, co all notices, releases, and proceedings that you kn as any governmental unit notified you that you No Yes. Fill in the details.	contaminant, or similar term.  now about, regardless of when they occurred.  Du may be liable or potentially liable under or in violation of an environmental of the contaminant of the	it Date of
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Deb	tor 1			E Middle Norse	Freeman	Case n	umber (if known)	
		First Name		Middle Name	Last Name			
26.	Hav	e you been a party	in any judio	ial or administra	ative proceeding under	any environmental	law? Include settlements and orders	S.
	<b>✓</b>	No						
		Yes. Fill in the deta	ils.					
					Court or agency		Nature of the case	Status of the case
		Case title						Pending
					Court Name			On appeal
		Case number			Number Street			_
					City State	7in Codo		Concluded
		l			,	Zip Code		
Part	11:	Give Details A	bout Your	Business or	Connections to An	y Business		
27.	With	nin 4 years before	you filed for	bankruptcy, did	you own a business or	have any of the foll	owing connections to any business	?
		A sole propriet	or or self-emr	oloved in a trade	profession, or other activit	v either full-time or n	art-time	
				-	or limited liability partners		artune	
		A partner in a		y company (LLC)	or infined hability partition	Sinp (LLI )		
		<b>=</b> '		ging executive of	a corporation			
					y securities of a corporatio	n		
	_				y occurrings of a corporation			
	뇓	No. None of the abo						
	Ш	Yes. Check all that a	apply above a	nd fill in the detail	s below for each business			
					Describe the natu	re of the business	Employer Identification no include Social Security no	
							EIN:	
		Business Name					LIIV.	
		Number Street			_		Dates business existed	
					Name of account	ant or bookkeeper	From To	
		City	State	Zip Code			From To	
					Describe the natu	re of the business	Employer Identification n	umber Do not
							include Social Security nu	ımber or ITIN.
		Business Name			_		EIN:	
		Ni-mark			_		Dates business existed	
		Number Street			Name of account	ant or bookkeeper	_ aloo badiiioo oxiotou	
		City	State	Zip Code			From To	
					Describe the rest	un af the books	Employed Idea (Cont.)	umbar Da wat
					Describe the natu	re of the business	Employer Identification no include Social Security no	
		Business Name			_		EIN:	
		Dusiness Name						
		Number Street			Name of account	ant or bookkeeper	Dates business existed	
		City	State	Zip Code	_		From To	
		Oity	Oldic	Zip Code				

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Debtor 1		Е	Freeman	Case number (if known)
	First Name	Middle Name	Last Name	
	ithin 2 years before yo editors, or other partic		you give a financial stateme	nt to anyone about your business? Include all financial institutions,
<u> </u>	No Yes. Fill in the details	below.		
			Date issued	
	Name		MM/DD/YYYY	
	Hamo			
	Number Street			
	City	State Zip Code	<u> </u>	
Part 12	Sign Below			
				ty, or obtaining money or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
	/S/ EII	zabeth Freeman		<u> </u>
	Signature	e of Debtor 1		Signature of Debtor 2
	Date 9/2	29/2016		Date
Did	you attach additional	pages to Your Statement of	of Financial Affairs for Indiv	duals Filing for Bankruptcy (Official Form 107)?
<b>✓</b>	No			
	Yes			
Did	you pay or agree to p	ay someone who is not an	attorney to help you fill out I	pankruptcy forms?
<b>✓</b>	No			
	Yes. Name of person			Attach the Bankruptcy Petition Preparer's Notice,

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Fill in this information to identify your case:				
Debtor 1	Elizabeth	E	Freeman	
İ	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		Northern	District of Illinois	
Case number (If known)			(State)	

Check if this is an amended filing

### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

Part 1: List Your Creditors Who Have Secured Claims

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

# 1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: CREDIT ACCEPTANCE  Description of property securing debt: 054 Automobile	✓ Surrender the property.     ☐ Retain the property and redeem it.     ☐ Retain the property and enter into a Reaffirmation Agreement.     ☐ Retain the property and [explain]:	No. Yes.
Creditor's name:  Description of property securing debt:	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:	No. Yes.
Creditor's name:  Description of property securing debt:	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:	No. Yes.
Creditor's name:  Description of property securing debt:	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:	No. Yes.

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Debtor	Elizabeth	E	Freeman	Case number (if
1	First Name	Middle Name	Last Name	known)
iot Vou	u Unavaired Dersenal D	manantu Lagasa		Part 2:
	Ir Unexpired Personal P		Schedule G: Executory Cor	ntracts and Unexpired Leases (Official Form 106G), fill in the
informa	tion below. Do not list real est	ate leases. Unexpired le	ases are leases that are stil	Il in effect; the lease period has not yet ended. You may assume
an unex	pired personal property lease	if the trustee does not a	assume it. 11 U.S.C. § 365()	5)(2).
Des	scribe your unexpired persona	I property leases		Will the lease be assumed?
Les	sor's name:			No Yes
	scription of leased perty:			
Les	sor's name:			☐ No ☐ Yes
	scription of leased perty:			
Les	sor's name:			☐ No ☐ Yes
	scription of leased perty:			
Les	sor's name:			□ No □ Yes
	scription of leased perty:			
Les	sor's name:			☐ No ☐ Yes
	scription of leased perty:			
Les	sor's name:			☐ No ☐ Yes
	scription of leased perty:			
Les	sor's name:			□ No □ Yes
	scription of leased perty:			
Part 3:	Sign Below			
	er penalty of perjury, I declare erty that is subject to an unex		intention about any prope	rty of my estate that secures a debt and any personal
×	s/ Elizabeth Freeman		×	
_	ignature of Debtor 1		Signatur	e of Debtor 1
D	ate <b>9/29/2016</b>		Date	
	MM/DD/YYYY		N.	IM/DD/YYYY

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### **Chapter 7: Liquidation**

	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes:
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft:
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form — the Chapter 7 Means Test Calculation (Official Form 122A–2). The calculations on the form— sometimes called the Means Test —deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$275	total fee
+	\$75	administrative fee
	\$200	filing fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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B 203 (12/94)

### **UNITED STATES BANKRUPTCY COURT**

#### **Northern District of Illinois**

In re	Elizabeth E Freeman		Case No.	
_	Debtor			(If known)
			Chapter	Chapter 7
	DISCLOSURE OF CO	MPENSATION	OF ATTORNEY FO	OR DEBTOR
1.	Pursuant to 11 U.S.C. § 329(a) and Fed that compensation paid to me within on services rendered or to be rendered on is as follows:	ne year before the filing	of the petition in bankruptcy, or a	agreed to be paid to me, for
	For legal services, I have agreed to acc	cept		\$1,365.00
	Prior to the filing of this statement I ha	ve received		\$0.00
	Balance Due			\$1,365.00
2.	The source of the compensation paid to	o me was:		
	Debtor	Other (specify)	)	
3.	The source of the compensation paid to	o me is:		
	<b>✓</b> Debtor	Other (specify)		
4.	I have not agreed to share the aboumembers and associates of my law	ve-disclosed compensat w firm.	tion with any other person unless	s they are
	I have agreed to share the above-d members or associates of my law the people sharing in the compensa	firm. A copy of the agre		
5.	In return for the above-disclosed fee, I  a. Analysis of the debtor's financial bankruptcy;	_	- ·	
	b. Preparation and filing of any pet	tition, schedules, statem	nents of affairs and plan which m	nay be required;
	c. Representation of the debtor at	the meeting of creditors	and confirmation hearing, and a	any adjourned hearings thereof;
6.	By agreement with the debtor(s), the ab	pove-disclosed fee does	not include the following service	es:
		CERTIFICA	TION	
	I certify that the foregoing is a complete ne debtor(s) in this bankruptcy proceeding		ment or arrangement for payme	ent to me for representation
	9/29/2016		/s/ Elizabeth Placek	
	Date		Signature of Attorney	
			Semrad Law Firm	
			Name of law firm	

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### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

In re:	Freeman, Elizabeth E	Case No		
	Debtor(s)	0d00 NO	336 I VO.	
		Chapter.	Chapter7	
	VERIFICATIO	N OF CREDITOR MAT	RIX	
	The above named Debtors hereby verify that the	ttached list of creditors is true and correct to the best of their l		
Date:	9/29/2016	/s/ Freeman, Eliz	aheth F	
	3/23/2010	Freeman, Elizab		
		Signature of Del	otor	

CREDIT ACCEPTANCE 1250 Peachtree St Ne Center Tower Atlanta , GA 30309 USA

ALLY FINANCIAL 200 RENAISSANCE CTR DETROIT , MI 48243 USA

Navient 1002 ARTHUR DR LYNN HAVEN , FL 32444 USA

Navient 1002 ARTHUR DR LYNN HAVEN , FL 32444 USA

Navient 1002 ARTHUR DR LYNN HAVEN , FL 32444 USA

Navient 1002 ARTHUR DR LYNN HAVEN , FL 32444 USA

PHOENIX RECOVERY GROUP 2939 MOSSROCK STE 220 SAN ANTONIO , TX 78230 USA

Providence Green Apartments 25500 Greenfield Rd Oak Park , MI 48237 USA

ENHANCED RECOVERY CO L 8014 BAYBERRY RD JACKSONVILLE , FL 32256 USA

Sprint P.O. Box 219554 Kansas City , MO 64121 USA

Navient 1002 ARTHUR DR LYNN HAVEN , FL 32444 USA

JJ MARSHALL PO BOX 182190 Case 16-31080 Doc 1 Filed 09/29/16 Entered 09/29/16 15:33:49 Desc Main Document Page 60 of 70

SHELBY TOWNSHI , MI 48318 USA

National Storage Centers - Southfield 21940 8 Mile Rd Southfield , MI 48075 USA

Great American Finance 20 N Wacker Dr, Ste 2275 Chicago , IL 60606 USA

RICHARD RONALD ASSOCIATES 31731 Northwestern Hwy Farmington , MI 48334 USA

CREDIT COLL Po Box 9136 Needham Heights , MA 02494 USA

Progressive PO Box 94568 Cleveland , OH 44101 USA

Allstate Credit Bureau 19315 W 10 Mile Rd Southfield , MI 48075 USA

Schaefer Lyndon Self Storage 14541 Schaefer Hwy Detroit , MI 48227 USA

AMCOL SYSTEMS INC 111 LANCEWOOD RD COLUMBIA , SC 29210 USA

IRS 1 PO Box 7346 Philadelphia , PA 19101 USA

Reliable Recovery Inc. 827 Gardner St Joliet , IL 60433 USA B 203 (12/94)

### **UNITED STATES BANKRUPTCY COURT**

### Northern District of Illinois

In re	Elizabeth E Fred	eman	Case No.		
•	Debtor		Case No.	(If known)	
			Chapter	Chapter 7	
	DISCLOSURE (	OF COMPENSATIO	N OF ATTORNEY FO	OR DEBTOR	
1.	he abovenamed debtor(s) and agreed to be paid to me, for tion w ith the bankruptcy case				
	For legal services, I have agre	eed to accept		\$1,365.00	
	Prior to the filing of this states	ment I have received		\$0.00	
	Balance Due			\$1,365.00	
2.	The source of the compensation	on paid to me was:		***************************************	
	Debtor	Other (specify	y)		
3.	The source of the compensation	on paid to me is:		A Secretary and Assessment of the Secretary and Assessment of	
	<b>Z</b> Debtor	Other (specify	)		
4.	4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.				
	I have agreed to share the members or associates of the people sharing in the control of the people sharing in	i my law firm. A copy of the agre	with a other person or persons wleement, together with a list of the	ho are not e names of	
<ol> <li>In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case,</li> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file bankruptcy;</li> </ol>					
	b. Preparation and filing o	f any petition, schedules, staten	nents of affairs and plan which ma	ay be required;	
	c. Representation of the d	ebtor at the meeting of creditors	and confirmation hearing, and ar	ny adjourned hearings thereof;	
6.			not include the following service		
		CERTIFICA	TION		
of the	certify that the foregoing is a ceedebtor(s) in this bankruptcy p	omplete statement of any agree roceedings.	ment or arrangement for paymen	it to me for representation	
	9/29/2016		/s/ Elizabeth Placek		
	Date		Signature of Attorney		
			Semrad Law Firm		
		N-0	Name of law firm		

# CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I understand that The Semrad Law Firm, LLC is not going to charge me for time spent prior to the filing of my Chapter 7 case preparing and filing my petition. I also understand that The Semrad Law Firm, LLC may incur costs for such items as credit reports and tax transcripts for which it will not seek reimbursement.

After the bankruptcy case is filed, I understand that I will be presented with a second retainer agreement to pay The Semrad Law Firm, LLC \$1365.00 attorney fees plus any necessary post-petition costs to represent my interests including preparation and amendment, if necessary, of schedules; preparation and attendance of the Section 341 Meeting of Creditors; review and attendance, if necessary, to motions for stay relief; review of any redemption agreements; review of any reaffirmation agreements; case administration and monitoring, motions to reopen, if necessary, as well as a post discharge review of my credit report to ensure accurate reporting. I further understand and agree that additional professional legal services will result in additional fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representation in an Adversary Proceeding. \$350.00/hr. Adding additional bills \$30.00 Motion to Reopen and Avoid Lien \$1000.00

I have been presented to two options regarding the filing fees of \$335.00 payable to the Bankruptcy Court. I have elected to either,

- 1. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments; or
- 2. Request that the firm pay these costs on my behalf after filing for which it will seek reimbursement from me.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay any fees to The Semrad Law Firm, LLC. If any fees are owed to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy, they will be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw from my representation in the event that I do not sign a second retainer within 10 days after the filing of my case. I have been advised that I have a right to consult other counsel before I sign the second retainer. Further, if I do not wish for The Semrad Law Firm, LLC to represent me, I always have the right to seek any other legal counsel.

Initial:

I further understand that the fee to be paid pursuant to the terms of this Contract is a flat fee, and that this fee shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm.

As The Semrad Law Firm, LLC has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC or an agent thereof.

Date: 9/29/2016

Attorney

Elizabeth E Freeman

Initial:

Rev 3/2016

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Debtor 1 Elizabeth First Name	E.	Freeman	Case number (if know	n)
	Middle Name uestions for Reporting Purp	Last Name		
16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  No. Go to line 16b.  Yes. Go to line 17.  16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  No. Go to line 16c.  Yes. Go to line 17.  16c. State the type of debts you owe that are not consumer debts or business debts.			
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	paid that funds will be ava	7. Do you estimate that	after any exempt property is nsecured creditors?	excluded and administrative expenses are
18. How many creditors do you estimate that you owe?	☑ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999	1,000-5 5,001-1 10,001-	0,000	25,001-50,000 50,001-100,000 More than 100,000
19. How much do you estimate your assets to be worth?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	☐ \$10,000 ☐ \$50,000	001-\$10 million 0,001-\$50 million 0,001-\$100 million 0,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20. How much do you estimate your liabilities to be?	□ \$0-\$50,000 ☑ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million	\$10,000 \$50,000	001-\$10 million ,001-\$50 million ,001-\$100 million 0,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
	I have examined this petition, and I declare under penalty of perjury that the information provided is to and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition I understand making a false statement, concealing property, or obtaining money or property by fraud it connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  **  Ist Elizabeth Freeman.  Signature of Debtor 2  Executed on 9/29/2016  Executed on			ed, if eligible, under Chapter 7, ailable under each chapter, and I ne who is not an attorney to help it by 11 U.S.C. § 342(b). So Code, specified in this petition. In ing money or property by fraud in or imprisonment for up to 20

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*****				
Fill in this info	mation to identify your ca	ise)		
Debtor 1	Elizabeth	<b>F</b>	Freeman	
	First Name	Middle Name	Last Name	
Debtor 2	Ser Service Se			NUMBER OF THE PROPERTY OF THE
(Spouse, if in	ng) First Name	Middle Name	Last Name	
United States	Bankruptcy Court for the:	Northern	District of Illinois	
Case number			(State)	
(If known)		**************************************		MANAGAM.
Official	Form 106De	∋c		Check if this is at amended filing
Declara	tion About a	ın Individual D	ebtor's Schedi	ıles 12/15
If two married	people are filing togeth	er, both are equally respon	sible for supplying correct	information.
S§ 152, 1341, 1	nerty by fraud in connect 519, and 3571. n Below	tion with a bankruptcy case	e can result in fines up to \$2	ing a false statement, concealing property, or obtaining 50,000, or imprisonment for up to 20 years, or both. 18 U.S.C.
Did you p	pay or agree to pay som	eone who is NOT an attorn	ey to help you fill out bankru	iptcy forms?
<b>☑</b> No				
Yes.	Name of person		Attach Rankauntou Pa	tition Preparer's Notice, Declaration, and
Seanes			Signature (Official For	т 119).
Under pe that they	nalty of perjury, I declar are true and correct.	e that I have read the summ	nary and schedules filed wit	h this declaration and
🗶 /s/ Elizab	eth Freeman	XVILLE	×	
Signature	of Debtor		Signature o	Debtor 2
Date 9/29	12016 //		Dote	
Part Augustin	/DD/YXYY		Date	DD/YYYY
		and the state of t		a no construction and a second contract of the

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Debtor 1		E	Freeman	Case number (if known)
	First Name	Middle Name	Last Name	* ************************************
28. Wit cre	hin 2 years before y ditors, or other parti	ou filed for bankruptcy, did es.	you give a financial staten	ent to anyone about your business? Include all financial institutions,
	No Yes. Fill in the details	below.		
			Date issued	
	Name		MM/DD/YYYY	_
	Number Street		<del></del>	
	City	State Zip Code		
Part 12:	Sign Below	,		
bankı	ruptcy case can results  /s/ Eli Signature	zabeth Freeman	atement, concealing proper imprisonment for up to 26	ents, and I declare under penalty of perjury that the answers are rity, or obtaining money or property by fraud in connection with a ryears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 2 Date  riduals Filing for Bankruptcy (Official Form 107)?
gradence	lo	A second		radato r ming for Dankiupicy (Official Porm 307)?
[] Y	es			
Did yo	ou pay or agree to pa	ay someone who is not an a	attorney to help you fill out	bankruptcy forms?
Z] N				
LJ Y	es. Name of person			Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Debto	r Elizabeth	Ε	Freeman	Case number (if
1	First Name	Middle Name	Last Name	known)
				Part 2:
List Yo	ur Unexpired Pers	onal Property Leases		
	ation acton. Do 10t 112f	roperty lease that you listed i real estate leases. Unexpired rty lease if the trustee does no	teases are leases that are	Contracts and Unexpired Leases (Official Form 1966), fill in the still in effect; the lease period has not yet ended. You may assume 55(p)(2).
De	scribe your unexpired p	personal property leases		Will the lease be assumed?
Les	sor's name:			No Yes
	scription of leased perty:			NAMES CONTRACTOR OF THE PROPERTY OF THE PROPER
Les	sor's name:			No Yes
	scription of leased perty:			
Les	sor's name:		. 8	No Yes
	scription of leased perty;			# 105
Les	sor's name:		***************************************	No Yes
	cription of leased erty:			
Less	sor's name:			No Yes
Des prop	cription of leased erty:			
Less	or's name:			No Wes
Des prop	cription of leased erty:			
Less	or's name:			No Yes
Desc	cription of leased erty:			
art 3:	Sign Below ∖			er erreteren erreteren erreteren erreteren eta
Under	r penalty of perjury I di	eclare that I have indicated m	y intention about any prop	erty of my estate that secures a debt and any personal
	/ Elizabeth Freeman	Super	X Signat	are of Debtor 1
	le <u>9/29/2016</u> MM/DD/YYYY		Date	MM/DD/YYYY

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### UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

In re:	Freeman, Elizabeth E	Case No	
	Debtor(s)	Case NO.	···
		Chapter. Chapter7	
	VERIF	CATION OF CREDITOR MATRIX	
	The above named Debtors hereby veri	y that the attached list of creditors is true and correct to the best of their knowled	dge.
Date:	9/29/2016	/s/ Freeman, Elizabeth Z	1
		Freeman, Elizabeth E Signature of Debtor	Constitution of the second

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First Name  Middle Name  Last Name  Column A  Debtor 1  Debtor 2 or  non-filing spouse  8. Unemployment compensation  Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:  For you  So.00  For your spouse  9. Pension or retirement income. Do not include any amount received that was a  \$0.00	
8. Unemployment compensation  Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:  For you  So.00  For your spouse  9. Pension or retirement income. Do not include any amount received that was a social security and social security are social security and security are security and security are social security and security are securit	
For you \$0.00  For your spouse \$0.00  9.Pension or retirement income. Do not include any amount received that was a \$0.00	
For your spouse \$0.00  9.Pension or retirement income. Do not include any amount received that was a company and the spouse of t	
9.Pension or retirement income. Do not include any amount received that was a \$0.00	
benefit drider the Social Security Act.	
10.Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.	
Total amounts from separate pages, if any. +\$0.00 +	
11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$239.32
	Total current monthly income
Par¥4 Determine Whether the Means Test Applies to You	morning moonic
12. Calculate your current monthly income for the year. Follow these steps:	
12a. Copy your total current monthly income from line 11.  Copy line 11 here →	\$239.32
Multiply by 12 (the number of months in a year).	X 12
12b. The result is your annual income for this part of the form.	\$2,871.84
L	92,071.04
13 Calculate the median family income that applies to you. Follow these steps:	
Filt in the state in which you live.	
Fill in the number of people in your household.	
Fill in the median family income for your state and size of household.	\$49,741.00
To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.  14. How do the lines compare?	
•	
14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse.  Go to Part 3.	
14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2.  Go to Part 3 and fit out Form 122A-2.	
Part St Sign Below	
By signing here, I declare under benalty of perjury that the information on this statement and in any attachments is true and correct.	
✗ /s/ Elizabeth Freeman	
Signature of Debtor 1 Signature of Debtor 2	
Date promise //	
Date 9/29/2016 Date 9/29/2016	
Date 9/29/2016 Date 9/29/2016	